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COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: CKB DEVELOPMENT LLC									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this	matter to the following:								
Michael Mirrione									
Name of Person									
Wolz Corporate USA									
Firm/Company		201							
36 S. 18th Ave, Suite D		2017 MS 16							
Address		18.5 No. 15	T						
Brighton, CO 80601		T = T							
City/State and Zip Code		F 6							
Or, moliance e aculdramer. E-mail address: (to be used for future annu	al report notification)	ir. D							
For further information concerning this matter, p									
Michael Mirrione	303 665.9659								
Name of Person	Area Code & Daytime Teleph	ione Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Enclosed is a check for the following a	amount:								
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy								
INHS18 (2/14)									

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: CKB DEVELO	OPMENT	LLC	-	
2. (a)	2940 SPORTS CORE CIRCLE	(b)	(b) 2940 SPORTS CORE CIRCLE		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WESLEY CHAPEL, FL 33544	 -	WESLEY CHAPEL,	, FL 33544	
	08/03/2004		104000003075	· · · · · · · · · · · · · · · · · · ·	
3.	Date of filing/registration in Florida	4.	Document nu	umber	
5. (a	NRAI SERVICES, INC				
J. (-	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	the Florida L	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	Plantation, FI	33324		>. ~	
(b)	Universal Registered Agents, Inc.			2017 AUG Augasia	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>ess</u> :	C. S.	
	3458 Lakeshore Drive			T T	1 []
	NEW Registered Office Address:			्र [े] स	
				0 a	
	Tallahassee, FI	32312			
the clagent was/vithe and significant was/vi	limited liability company is not organized under the lanange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members nicles of organization or the operating agreement of the latter of a member or authorized presentative of a member reby accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, lead in writing of this change.	of the regist iability cor of the limit e limited lia Julie	ered office and the busingany, it is hereby confed liability company of ability company. A. Gracz Printed or type	iness office of the firmed that the char r as otherwise proved and name of signee	registered nge(s) vided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00