## 119900000724

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer. |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 6, 2017

Order#: 711011-007

Re: CFS OF FT. WALTON, FL, L.L.C.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

<u>XX</u> Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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. Na  | me of the limited liability company: CFS OF F1. WAI   | LION, F                              | L, L.L.C.  |
|--|---|--------------------------------------|--|
| 2. (a)   | 428 MARY ESTHER CUTOFF  | _ (b)                                | 428 MARY ESTHER CUTOFF   |
| , ,  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |                                      | Mailing address of limited liability company:<br>tNote: MAY BE POST OFFICE BOX)  |
|  | SUITE A   |                                      | SUITE A  |
|  | FORT WALTON BEACH. FL 32548   |                                      | FORT WALTON BEACH, FL 32548  |
|  | 5/12/1999   |                                      | M9900000724  |
| 3.   | Date of filing/registration in Florida  | 4.                                   | Document number  |
| 5. (a)   | LEXIS DOCUMENT SERVICES, INC.   |                                      | T.   |
| 5. (a)   | Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET   |                                      |  |
|  | Registered Office Address (MUST BE FLORIDA STREET AI  | <u>DDRESS)</u>                       | 72017.7<br>7.2.17.7  |
|  | TALLAHASSEE, FL_  | 32301                                | TALLAHASSTE, FLORID  |
| (b)  | Corporation Service Company   |                                      | The Party of the P |
|  | Enter name of NEW Registered Agent and/or NEW Registered (  | Office addi                          | ren:   |
|  | 1201 Hays Street  |                                      |  |
|  | NEW Registered Office Address:  | ·· ·· · · ·                          | <del></del>  |
|  | Tallahassee FL  | 32301                                | <del></del>  |
| the cha<br>agent w<br>was/we<br>the artic<br>Signat<br>I herek<br>provisit<br>the oblit<br>to mere | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the relative of the identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of a member or humorized representative of a member on a complete proper and change in the registered office address. The limited of this change. | he registed in the limited list Roce | ered office and the business office of the registered appany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company.  And Zuck, Array and Copression of this capacity. I further agree to comply with the face of my duties, and I am familiar with and accept hapter 605. F.S. Or, if this document is being filled after that the limited liability company has been   |
| Signatur   | e of Registered Agent Corporation Service Company   | BY:                                  | Elizabeth A. Dawson, AVA   |
|  | Division of Corporations P.O. Re  |                                      |  |

FILING FEE: \$25.00