Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000247449 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:_

REGISTERED AGENT CHANGE CPMC MANAGER LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 0 6 2016

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTII

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida. CPMC Manager LP Name of Limited Partnership or Limited Liability Limited Partnership A13000000063 3/1/2013 Date of filing/registration in Florida Florida document number 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORATION SERVICE COMPANY Name TALLAHASSEE, FL 32301-2525

City, State and Zip

Asset Borrida street address of the new registered agent and/or office:

C T Corporation System

Name

Name 33324 City, State and Zip 6. Such change(s) is/are effective when filed by the Florida Department of State. Signature of General Partner Todd J. Amam, Authorized Person. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. and I am familiar with an accept the obligations of my position as registered agent. Signature of Registered Agent Filing Fee: \$35.00

Certified Copy (optional): \$52.50