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ACCOUNT NO. : I2000000195

REFERENCE :

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COST LIMIT

ORDER DATE: July 12, 2010

ORDER TIME : 10:48 AM

ORDER NO. : 444235-236

CUSTOMER NO: 7736905

CHANGE OF AGENT

NAME: CMS PALMA SOLA CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz			
	r to change its registered office or register			
1. The name of t	he corporation: CMS PALMA SOLA	CORP.		
2. The principal	office address: c/o CMS Affiliated Par	tnerships		
308 E. Land	easter Avenue, Suite 300, Wynnewoo	od, PA 19096	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	ddress (if different): c/o Donna Rittersh	ausen, CMS Comp	anies	· · · · · · · · · · · · · · · · · · ·
	ncaster Avenue, Suite 300, Wynnew			
4. Date of incorr	poration/qualification: 03/21/2002	Document numb	er: F02000001401	
	street address of the current registered ag tment of State:	ent and registered off	ice on file with the	
	C T Corporation System			
	1200 South Pine Island Road	,		
	Plantation, FL 33324			TO JUL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company			ER. FI.
	1201 Hays Street			97
	(P.O. Box NOT acceptable)			Target Target
	Tallahassee, FL 32301	···		
The street address changed will	ess of its registered office and the street a be identical.	address of the busines	ss office of its registered	agent,
Such change was authorized by the	s authorized by resolution duly adopted the board, or the corporation has been not	by its board of directified in writing of the	tors or by an officer so e change.	
Des	nea March	Blanca Lozada, A	•	
· · · · · · · · · · · · · · · ·	the appointment as registered agent and		typed name and title)	
I further agree to of my duties, an document is bei corporation has	to comply with the provisions of all statu d I am familiar with and accept the obli ng filed merely to reflect a change in the been notified in writing of this change.	ites relative to the pr	oner and complete perta	rmance r, if this hat the
By: .)	on Service Company	July 27, 2010		
(Si _i	mature of Registered Agent)		(Datc)	
If signing on be	half of an entity:			
	y, Assistant Vice President			
(1	yped or Printed Name)			

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State
. Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)