: L01000014056

(Re	questor's Name)							
(Address)								
(Ad	dress)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL.						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificate	s of Status						
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JAN 27 2016 J SHIVERS





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 22, 2016

Order#: 943942/005

Re: CARKENTRE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

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

INCA.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. 1	Name of the limited liability compa	ny: CARKENTRE, L	LC				
2. (a	(a) C/O Stiles Corporation Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 301 E. Las Olas Blvd. 7th Floor		_ (b)	(b) C/O Stiles Corporation			
·			_ (*)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			301 E. Las Olas Blvd. 7th Floor				
	Fort Lauderdale	FL 33301		Fort Laud	erdale, FL 33301		
	08/21/2001			L01000014	40 <u>56</u>		
3.	Date of filing/registration	on in Florida	4.]	Document number	r	
5, (a	Esposito, Robert - c/o Stiles (Corp					
- / \-	Registered Agent and Registered Office		he Florida I	Dept. of State:			
	301 E. Las Olas Blvd.						
		BE FLORIDA STREET A	DDRESS)				
	7th Floor				IAC	75. 13. 15. 16.	
	Fort Lauderdale	, FL_	33301				· co
(b	/ — — — — — — — — — — — — — — — — — — —				ZSE	N 26 AF	The speed
	Enter name of <u>NEW Registered Agent</u>	and/or NEW Registered	Office addı	ess:	.FLOI	AH 8: IS	
	1201 Hays Street				Ê		
	NEW Registered Office Address:				7>	·	
	Tallahassee	El	32201				
the cl agent was/v	limited liability company is not or nange or changes are made, the Flor will be identical. Or, in the case of were authorized by an affirmative voticles of organization or the operat	ganized under the law rida street address of if a Florida limited lia ote of the members of	the registe bility con f the limit	ered office a apany, it is ed liability	and the business o hereby confirmed company or as oth	office of the that the ch	e registered nange(s)
	()26 2		Dona	Priebe, Au	thorized Person		
	nature of a member or authorized representa				Printed or typed name	_	
provi the oi to me	eby accept the appointment as regi sions of all statutes relative to the p bligations of my position as registe rely reflect a change in the register ed in writing of this change.	oroper and complete pred agent as provided red office address, I h	ee to act i performan I for in Ch ereby cor	n this capau nce of my di napter 605, nfirm that th	city. I further agre uties, and I am fan F.S. Or, if this do he limited liability	ee to comp niliar with ocument is company	oly with the and accept being filed has been
	on I	ce Cokuble					

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

BY: Grace E. Kirby, Assistant Vice President

Signature of Registered Agent Corporation Service Company