

LD2000032216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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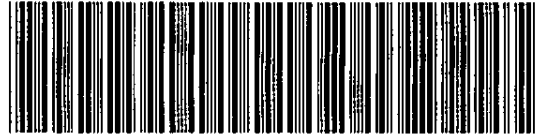
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charitable Capital Design Center, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas L. Gregory
Name of Person

NLC
Firm/Company

462 Equine
Address

Tarpon Springs, FL 34688
City/State and Zip Code

nickg@thepei.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sally J. Gregory at (222) 224-4118
Name of Person Area Code & Daytime Telephone 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Charitable Capital Design Center LLC

2. (a) Principal office address of limited liability company: 462 Equine Dr.

☒ (Note: **MUST BE STREET ADDRESS**) Tarpon Springs, FL 34688

(b) Mailing address of limited liability company: P.O. Box 249

☒ (Note: **MAY BE POST OFFICE BOX**) Tarpon Springs, FL 34688

12/02/2004
3. Date of filing/registration in Florida

LO2000032216
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Nicholas L. Gregory

Registered Office Address: 25400 U.S. Hwy. 19 N.
Suite 226
Clermont, FL 33763

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

462 Equine Drive
Tarpon Springs, FL 34688

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nicholas L. Gregory
Signature of a member or authorized representative of a member

Nicholas L. Gregory
Printed or typed name of signer

I hereby 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nicholas L. Gregory
Signature of Registered Agent

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

FILED
SECRETARY OF
DIVISION OF CORP
10 FEB 22 PM 4:06