

L03000025626

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

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CT CORP

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TIME : 12/11/2007 11:08
NAME : CT CORPORATION SYSTEM
FAX : 8508785926
TEL : 85022221092
SER.# : BR0E4J579634

TRANSMISSION VERIFICATION REPORT

**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. The name of the limited liability company is: CPF Florida, LLC
2. The mailing address of the limited liability company is : 5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416

July 14, 2003

L03000025626

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOHN C LOVETT

Name

106 EAST COLLEGE AVENUE, SUITE 1200

Address

TALLAHASSEE, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

City, State and Zip

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.

David W. Pearce
(Signature of a member or authorized representative of a member)

David W. Pearce, Executive Vice President

(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.

By:

M.C. Summer PaVon
(Signature of Registered Agent)

M.C. Summer PaVon
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)

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