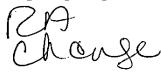
L04000042102

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies	_ Certificates	s of Status							
Special Instructions to Filing Officer:									
		;							

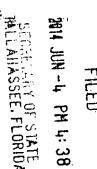
Office Use Only



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06/04/14--01019--002 **25.00



10/10/14 10/10/14



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: June 2, 2014

Order#: 155323/005

Re: CHC-PETER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Janis M. Smith 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.	Na	ame of the limited liability company: CHC-	PETER, LLC					
2.	(a)	4 WEST RED OAK LANE SUITE 201		(b)				
	()	Principal office address of limited liability co		(-)	Mailing address of limi	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		(Note: MUST BE STREET ADDRES	<u>(3</u>)		(Note: MAY BE PO	SIUF	FICE BOX)	
		WHITE PLAINS N\ 106	504		- Alexa			
		06/04/2004		_L04	000042102			
3.		Date of filing/registration in Florid	la	4.	Document numbe	r		
5.	(a)	CAPITOL CORPORATE SERVICES, IN	IC.					
	()	Registered Agent and Registered Office shown on the	e records of the	Florida Dept.	of State:		,	
		155 OFFICE PLAZA DR, STE A						
		Registered Office Address (MUST BE FLORIDA	4 STREET AD	DRESS)				
					7	≌.		
		TALLAHASSEE	, FL	32301	AHAS	H JUN -4 PM	-1 1	
	(L)	Corporation Service Company			SES	+	FILED	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:						
					STAITE LORID			
		1201 Hays Street			Ĩ Ā	ယ္		
		NEW Registered Office Address:						
								
		Tallahassee	, FL	32301				
						~	1.1	
If the	the I e cha	imited liability company is not organized un- inge or changes are made, the Florida street	der the laws address of the	of the State e registered	of Florida, it is hereby coffice and the business	onfirn office	of the registered	
ag	ent v	vill be identical. Or, in the case of a Florida	limited liabi	lity compan	y, it is hereby confirmed	d that t	he change(s)	
the	arti	ere authorized by an affirmative vote of the ricles of pagainzation or the operating agreem	nembers of the life	nited liabilit	ly company.	Herwi:	se provided in	
				Dona Prie	ebe, Authorized Person			
	Signa	ture of a member or authorized representative of a mer	mber		Printed or typed name	e of sign	nee	
I	here	by accept the appointment as registered age	nt and agree	to act in thi	is capacity. I further agi	ree to	comply with the	
pr the to no	ovisi 2 obl mer tifie	ons of all statutes relative to the proper and igations of my position as registered agent cely reflect a change in the registered office a din writing of this change.	complete pe as provided f address, I hei	rjormance of or in Chapte reby confirm	of my auties, and I am fa er 605, F.S. Or, if this d I that the limited liability	miliar ocume ? comp	with and accept ent is being filed pany has been	
	Ĺ	Drace C-Kubi	e					

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President