## L04000042105

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Name	e)
(Do	cument Number)	
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FILED 14 JUN -4 AMII: 13

C. LEWIS

JUN 1 7 2014

EXAMINER



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#: 155323/004

Re: CHC-LAKE, 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.

2. (a)	4 WEST RED OAK LANE SUITE 201	(b)	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WHITE PLAINS N\ 10604		
	06/04/2004		L04000042105
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CAPITOL CORPORATE SERVICES, INC.		
, (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	155 OFFICE PLAZA DR, STE A		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	TALLAHASSEE , FI	32301	SECRULARY SECRETARY
(b)	Corporation Service Company		ASSET OF THE PERSON OF THE PER
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	
	1201 Hays Street		
	NEW Registered Office Address:		<del></del>
	Tallahassee , FI	32301	
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regis iability co of the lim	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		Dona	a Priebe, Authorized Person
Signa	ture of a r ember coauthorized representative of a member		Printed or typed name of signee
	by want the appointment as registered agent and ag	ree to act	in this capacity. I further agree to comply with the
provis he ob o mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performa d for in C hereby co	ince of my duties, ånd I am Jamiliar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been