

LC400000001449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

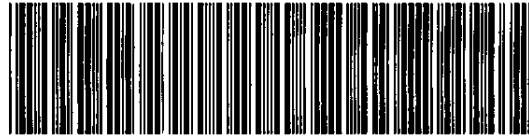
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10 OCT - 4 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CECCF, 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:

Mark Bines

Name of Person

CECCF, LLC.

Firm/Company

2600 Maitland Center Parkway, Suite 350

Address

Maitland, Florida 32751

City/State and Zip Code

mbines@frchomes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Bines

Name of Person

at (407)

862-3000 x109

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: CECCF, LLC

2. (a) Principal office address of limited liability company: 2600 Maitland Center Parkway

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(Note: **MUST BE STREET ADDRESS**)

Suite 350
Maitland, Florida 32751

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(b) Mailing address of limited liability company:

2600 Maitland Center Parkway

(Note: **MAY BE POST OFFICE BOX**)

Suite 350
Maitland, Florida 32751

08/16/2004

3. Date of filing/registration in Florida

L04000061449

4. Document number

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

Registered Agent:

Mark Bines

Registered Office Address:

101 Wymore Road
Suite 400
Altamonte Springs, Florida 32714

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

NEW Registered Agent:

Mark Bines

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2600 Maitland Center Parkway
Suite 350
Maitland, FL 32751

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.

Mark Bines
Signature of a member or authorized representative of a member

Mark Bines, Managing Member

Printed or typed name of signee

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.

Mark Bines
Signature of Registered Agent

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