

L06000099276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

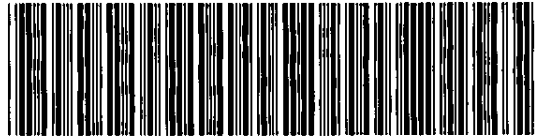
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900276680389

10:40 AM  
SUFFOLK COUNTY OF FILING

15 SEP -4 AM 10:59

RECEIVED  
DEPARTMENT OF STATE  
CORPORATION DIVISION

2015 SEP -4 A 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP 08 2015

S MASON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 757496 5043766

AUTHORIZATION :



COST LIMIT : \$ 25.00

-----  
ORDER DATE : August 24, 2015

ORDER TIME : 9:35 AM

ORDER NO. : 757496-010

CUSTOMER NO: 5043766  
-----

CHANGE OF AGENT

NAME: CLP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

**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 Name of the limited liability company: CLP LLC

2. (a) 8233 BAY TREE LANE (b) 8233 BAY TREE LANE  
 Principal office address of limited liability company. Mailing address of limited liability company.  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

3 10/09/2006 4. L06000099276  
 Date of filing/registration in Florida Document number

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

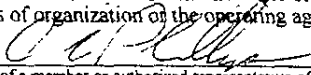
6817 SOUTHPOINT PARKWAY  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 604  
JACKSONVILLE, FL 32216

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

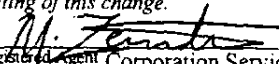
1201 Hays Street  
NEW Registered Office Address  
Tallahassee, FL 32301

**FILED**  
**2015 SEP -14 A 9:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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.

 CHRISTOPHER L. PHILLIPS  
 Signature of a member or authorized representative of a member 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 605, 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.*

 Melissa Zender  
 Signature of Registered Agent Corporation Service Company Asst. Vice President  
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
 FILING FEE: \$25.00