## L0160009250

(Requestor's Name)						
(Address)						
(Address)						
(C	ity/State/Zip/Phone	: #)				
PICK-UP	☐ WAIT	MAIL				
(Bi	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to	Filing Officer:					
J. HORNE						
FEB 1 8 2025						

Office Use Only



100442652461

FILED 2025 FEB 17 PH 1: 14

01:11FP 21 833388

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

ACCOUNT NO.	:	12000000	0195			
REFERENCE	:	975926	8357825			
AUTHORIZATION	:		dine in	•		
COST LIMIT	:	\$ 25.0	Therese	na.		
ORDER DATE : February 11, 202	5					
ORDER TIME : 9:42 AM						
ORDER NO. : 975926-108						
CUSTOMER NO: 8357825						
	<del>-</del>	<b></b>		<b></b>		
CHANGE OF AGENT						
NAME: CPPM LEASING	LLC					
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FI	LING:			
CERTIFIED COPY PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbol	t -	- EXT#				
		EXAMINER	: <u></u>			

## 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. 1	Name of the limited liability company: CPPM LEASIN	G LLC				
2. (a	)	(	(b)			
`	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		•	,	Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)	
	5355 TOWN CENTER ROAD, SUITE 350			5355 TOV	VN CENTER ROAD, SUITE 350	
	BOCA RATON, FL 33486	<u> </u>		BOCA RA	TON, FL 33486	
	09/10/2007		L	_07000092	150	
3.	Date of filing/registration in Florida	4.	_		Document number	
5. (						
-2. (	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	the Florid	Ja I	Dept, of State		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	iS)		20	
	1200 SOUTH PINE ISLAND ROAD				25 F	
	PLANTATION	33324	<u> </u>		FILED PH 1: 14	
					7 0	
(t	Enter name of NEW Registered Agent and/or NEW Registered	d (1)CC as a				
	Effect frame of SVEW Registered Agent and/or SVEW Registered	i Chiice a	uu	<u>1133</u> .		
Corporation Service Company						
	NEW Registered Office Address:				•	
	1201 Hays Street					
	Tallahassee . Fi	32301				
chan agen was/ the a	e limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the register ability co of the lin limited	red on mit lia	l office and apany, it is ted liability ability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	rett Schwenneker		Br	rett Schwei	nneker, Authorized Person	
	nature of a member or authorized representative of a member				Printed or typed name of signee	
prov the o to me	why accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I led in writing of this change.	ree to ac perform d for in hereby c	t i. tar Cl 201	n this capa ice of my a iapter 605, ifirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
-Z	Iture of Registered Agent					
1715	rate of trabilitation taballs					

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00 975926

Grace E. Kirby, Asst. Vice President