## 108000020519

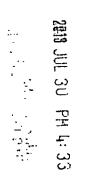
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone #	)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	)		
(Document Number)				
Certified Copies	_ Certificates o	f Status		
Special Instructions to	Filing Officer:			
		T.		
		1/3D		

Office Use Only



300315285133

07/02/18--01016--021 \*\*55.00



B FIGUEROA AUG 0 9 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: CB Melbourne LLC				
Name of Corpor	ation			
DOCUMENT NUMBER: L08000020519				
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	_			
William Sherman	-			
Name of Contact	Person			
CB Melbourne LLC				
Firm/Compa	ny			
13548 Verde Drive				
Address				
Palm Beach Garden	s, FL 33410			
City/State and Zip	ŕ			
6sousa37@gmail.cor	n			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
William Sherman				
Name of Contact Person at	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



July 5, 2018

WILLIAM SHERMAN 13545 VERDE DR PALM BEACH GARDENS, FL 33410

SUBJECT: CB MELBOURNE, LLC Ref. Number: L08000020519

We have received your document for CB MELBOURNE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00013814

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

DECENTED.

TO: Registration Section Division of Corporations	
SUBJECT: CB Melbourne, LCC	<del></del>
Name of Limited Liability Company	
Dear Sir or Madam;	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.	2018
Please return all correspondence concerning this matter to the following:	018 JUL 30
WILLIAM SHERMAN  Name of Person	CHI CE SE
CB Muhame UC Firm/Company	01
13548 Verde Drive	
Paln Beach Gardens Fl 35410 City/State and Zip Code	
E-mail address: (to be used for future about report notification)	
For further information concerning this matter, please call:	
WI WAN SHEIZMAN at (516) 987-8222  Name of Person Area Code & Daytime Telephone I	 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 & Certified Copy	
INHS18 (2/14)	

## 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 None Cof the Book A	akilin CB	Melhou	ine cc	(		
1. Name of the limited li			1011	<u> </u>		<del></del>
Principal office	Hole Kranz and Go address of limited liability company:	(b)	Mailing address of (Note: MAY B.			y:
	iust be street address	<del>1)</del> ~	(Note: MAT a.	<u>e rost of fil</u>	<u>.E. 6().S</u> )	
	cy, Ay 1179			·		
_0000000	9 / 19					<del></del>
2/26/	2008		08 0000 Z(	05 19		
3. Date of fil	ing/registration in Florida	4.	Document nu	mber		•••
	rce Klitzma					
	Registered Office shown on the records		of State:			
1391 J	U COPPORNIC (a	N(Ca O.C			23	
Registered Office Add	e FC. 333	7. <i>(</i>				
Jariri	<del>x</del> , <b>v</b> · · · / · /			: "	JUL 3Ú	1
<del></del> -		FL	<del></del>	i di	3Ú	
(b) WILLIAM	1 SHERMAN			:	PH 4: 3:	<i>i t</i>
	legistered Agent and/or NEW Registe	red Office address:		671	<del></del>	•
1354	8 verde Dr			·	ယ	
NEW Registered Offic	ce Address: BlaG Gala	1001				
<u> </u>	ma Coma	. <del>«</del> / / 3				
		FL 334	70			
If the limited liability com	pany is not organized under the	laws of the State	of Florida, it is here	by confirmed	d that af	ìer
the change or changes are	made, the Florida street address r, in the case of a Florida limited	s of the registered	office and the busin	iess office of	the regi	istered
was/were authorixed by ar	affirmative vote of the member or the operating agreement of	rs of the limited li	ability company or a	as otherwise	provide	d in
11/0	t of the operating agreement of		CUIAM D	MERM	AN	•
Signatur of a member or auti	horized representative of a member		Printed or typed	name of signee		
I hereby accept the appoint provisions of all statutes r	ntment as registered agent and relative to the proper and compl	agree to act in thi. lete performance o	s capacity. I further f my duties, and I a	r agree to com m familiar w	mply will (th and )	th the accept
the obligations of my position merely reflect a change	niment as registered agent and elative to the proper and compl tion as registered agent as prov in the registered office address change.	nded for in Chapte t, I hereby confirm	r 603, F.S. Or, if th that the limited liai	us document bility compar	is being iy has b	z filed cen
mininga in welang jij inis c	.nunge					
Signature of Registored Agent						

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