

Division of Corporations

Page 1 of 2

**LO80005474**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000145071 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305) 789-9200  
Fax Number : (786) 437-4609

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: carl@captharry.com

16 JUN 14 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
CHFS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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JUN 15 2016

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Corporate Filing Menu

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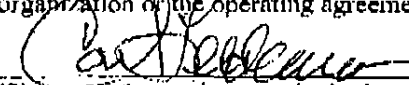
Audit No. H16000145071 3

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR A LIMITED LIABILITY COMPANY**

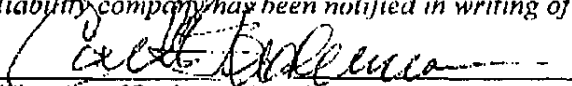
Pursuant to the provisions of Section 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company: **CHFS LLC**
2. (a) Principal office address of limited liability company: **8501 NW 7<sup>th</sup> Avenue**  
(Note: *MUST BE STREET ADDRESS*) **Miami, FL 33150**  
(b) Mailing address of limited liability company: **8501 NW 7<sup>th</sup> Avenue**  
(Note: *MAY BE POST OFFICE BOX*) **Miami, FL 33150**
3. Date of filing/registration in Florida: **05/22/2008** 4. Document number: **L08000051474**
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: **DONALD E. KUBIT**  
Registered Office Address: **1395 Brickell Avenue, 14<sup>th</sup> Floor, Miami, FL 33131**  
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: **CARL LIEDERMAN**  
NEW Registered Office Address: **8501 NW 7<sup>th</sup> Avenue, Miami, FL 33150**  
(*MUST BE FLORIDA STREET ADDRESS*)

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.

  
(Signature of a member or authorized representative of a member)  
**CARL LIEDERMAN** *Authorized Representative*  
(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 605, F.S. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
(Signature of Registered Agent)

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SECRETARY OF STATE  
FALLS