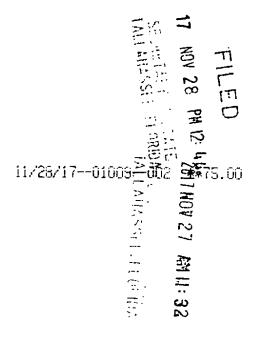
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J. LEGGETT NOV 2 9 2017 COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>CP377</u>	LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Samatha Purc	2
Name of Person	
CP377 LLC	
Firm/Company	
PO BOX 1120	
Address	
Son Antonio Fl City/State and Zip Code	33576
Samo Ma Niceur Co E-mail address: (to be used for future annua	Mac. Com al report notification)
For further information concerning this matter, p	lease call:
Samenthepourcel	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	mount:
\$25 Filing Fee	□ \$55 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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office 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 Printed or typed name of signed 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 chapte in the registered office address. I hereby confirm that the limited liability company has been with a chapter of the chapter.

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

notified in writing of this change

Signature of Registered Agent