## L10000 69058

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TAIL AHASSEF FLORIDA

## **COVER LETTER**

Registration Section

Division of Corporations	
SUBJECT:	CCP Parkside LLC
Subject.	Name of Limited Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
•	
B # makib mana	Dans
Matthew Name of Pers	
1	ou
Convergent Cap	
Firm/Compar	ıy
3105 W Waters A	ve Suite 107
Address	
••	i
T	00044
Tampa, FL	
City/State and Zi	Code
matt@converge	ntcap.com
12-man address. (to be used for future	amuat report notification)
For further information concerni	ng this matter, please call:
Måtthew Ram	at ( 813 ) 386-4285
Name of Person	at (813) 386-4285  Area Code & Daytime Telephone Number
Paine of Letson	Alea Code & Sayante Petephone Painter
STREET/COURIER ADI	DRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circ	tle Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for	the following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

``Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limitea ler to change its registered office or registerea		
Name of the limited liability company:	CCP Parkside LLC		
2. (a) Principal office address of limited liability compar	y:		
(Note: MUST BE STREET ADDRESS)	3105 W Waters Ave Suite 107 5 Tampa, FL 33614		
(b) Mailing address of limited liability company:	ASSI -6		
(Note: MAY BE POST OFFICE BOX)	EE D		
06/29/2010	L1000006905		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Sachin Patel		
Registered Office Address:	3105 W Waters Ave Suite 107 Tampa, FL 33614		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:  McGurn Management Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	101 SE 2nd Place Sun Center East Suite 202 Gainesville ,FL32601		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company at it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Sachin Patel  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization sy.		
Division of Corporations, P.O. Box 6			