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☐ PICK-UP	WAIT	MAIL
(Business Entity Name)		
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B. BOSTICK
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EXAMINER

COVER LETTER

SIDECT.	CXP, LLC	
SUBJECT:Nai	me of Limited Liability Company	
,		
Dear Sir or Madam:		
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.	
Please return all correspondence conc	cerning this matter to the following:	
•		
Holly Lupo Name of Person		
Number of Telson		
CYPILC	į.	
CXP, LLC Firm/Company	·	
	M 14.1	
450-106 SR 13 N	273	
Address	<u> </u>	
	2259 LAH) SS	
Jacksonville, FL 32	2259 E. S.	
City/State and Zip Code	7/- F	
hollylupo@comcas E-mail address: (to be used for future annual		
E-mail address; (to be used for future annual	Il report notification) 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
For further information concerning thi	is matter, please call:	
	t	
Holly Lupo	at (904) 424-5321	
Name of Person	Area Code & Daytime Telephone Number	
CERTIFICATION APPEAR	. MAN ING ARRESCO	
STREET/COURIER ADDRES Registration Section	S: MAILING ADDRESS: Registration Section	
Division of Corporations		
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the fo	ollowing amount:	
	·	
\$25 Filing Fee 3	\$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 608.508, 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. Name of the limited liability company:	CXP, LLC
2. (a) Principal office address of limited liability company	: 301 W Bay St Ste 2910
(Note: MUST BE STREET ADDRESS)	Jacksonville, FL 32202
(b) Mailing address of limited liability company:	450-106 SR 13 N 273
(Note: MAY BE POST OFFICE BOX)	Jacksonville, FL 32259
03/03/2011	L11000026467
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	United States Corp Agents, Inc
Registered Office Address:	13302 Winding Oak Ct A Tampa, FL 33612
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:
NEW Registered Agent:	Helen Atter
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	333-1 E Monroe St
MUST BE FLORIDA STREET ADDRESS	Jacksonville ,FL32202
If the limited liability company is not organized under the leanned that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) 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 Holly Lupo Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mendadiress, I hereby confirm that the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.

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

Signature of Registered Agent