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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	s Mountain, LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Donald B. Linsky Name of Person	
Donald B. Linsky & Associates, P.A. Firm/Company	
1509B Sun City Center Plaza Address	
Sun City Center, Florida 33573 City/State and Zip Code	CRUSER OF
donald@linskylaw.com E-mail address: (to be used for future annual report notification	OF STATE OR TO STA
For further information concerning this matter, plea	ase call:
Donald B. Linsky at (at (813) 634-5566 Area Code & Daytime Telephone 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	\$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.

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Name of the limited liability company:	CFH Kings Mountain, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	6812 West Linebaugh Ave. Tampa, FL 33625
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	6812 West Linebaugh Ave. Tampa, FL 33625
04/11/2011	L11000043255
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Francena Gargaro
Registered Office Address:	6095 NW 167th Street, Suite D7 Hialeah, FL 33015
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Francena Gargaro 6812 West Linebaugh Ave. Tampa Francena Gargaro Francena Gargaro Francena Gargaro Francena Gargaro Francena Gargaro Francena Gargaro
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	
Francena Gargaro Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	

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