Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE CDC MARIANNA II LLC

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## Fax Audit H18000088878 3

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## 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.

2. (a)	711 Signal Mountain Road #141  Principal effice address of finited liability company: (Note: MUST BE STREET ADDRESS)  Chattanooga, Tennessee 37405		(b) 711 Signal Mountain Road #141  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
					<del></del>
	5/19/2011		L11000059306		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	COMBS, Bradley		.2		
(-,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:		
	1900 BENJAMIN FRANKLIN, #104B			·	
	Registered Office Address (MUSI BE FLORIDA STREET	ADDRESS		C::	
				. <u>3</u>	
	SARASOTA , F	L 34236		ار وق	
	Business Filings Incorporated			·- 🏖	
(в)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office add	lress:	9:49	
		<u>-</u>			
	1200 South Pine Island Road			9	
	NEW Registered Office Address:				
		<del></del>			
	Plantation	L 33324			
the char agent w was/we	Plantation , P mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited reauthorized by an affirmative vote of the members of a gamization or the operating agreement of the	aws of the of the regis liability co	tered office and the business office of the t impany, it is hereby confirmed that the chai ited liability company or as otherwise prov	register nge(s)	
-	man I el		ad Combs, Manager		
	me of a mamber or authorized representative of a member	/	Printed or typed name of signee		
I hereb	ny accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address,	gree to oct te performa lait for in C	in this capacies. I further agree to comply once of the duties, and I am familiar with a Smooth 1805, E.S., Or, if this document is he	with the nd accept sine filed	

Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 FH.ING FEE: \$25.00