## 1/1000/36237

(Requestor's Name)						
(Address)						
(Address)						
_						
(Business Entity Name)						
(Document Number)						
Special Instructions to Filing Officer:						

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10/28/16--01030--015 \*\*25.00

2016 OCT 28 PH 3: 32

K. SALY OCT 3 1 2016

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Divi	Division of Corporations						
SUBJECT:	CHAPEL CREEK CDD HOLDINGS, LLC						
	Name of Limited Liability Company						
Dear Sir or N	∕ladam:						
The enclosed	Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.				
Please return	all correspondence concerning the	his matter to the fo	ollowing:				
WILLIAM .	J. RIZZETTA						
	Name of Person	. ,	_				
RIZZETTA	A-CHAPEL CREEK PROPE	RTIES, LLC.					
	Firm/Company		_				
3434 COL	WELL AVE., SUITE 200						
	Address		_				
TAMPA, F	L 33614						
	City/State and Zip Code		use ·				
brizzetta@	)rizzetta.com						
E-mail	address: (to be used for future an	nual report notific	ation)				
For further in	nformation concerning this matter	, please call:					
WILLIAM .	J. RIZZETTA	813 at (	514-0400				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:							
<b>2</b> \$2	25 Filing Fee	<b>□</b> \$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 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.

1. N	ame of the limited liability company: CHAPEL C	REEK C	DD HOLD	INGS, LLC		
2. (a)			b)			
_, ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3434 COLWELL AVE., SUITE 200		3434 C	DLWELL AVE., SUITE 200		
	TAMPA, FL 33614		TAMPA	, FL 33614		
	12/02/2011		L110001	36237		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records	of the Floric	la Dept. of Stat	e:		
	RIZZETTA, WILLIAM					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	3434 COLWELL AVE., SUITE 200			7 2		
	TAMPA ,	FL 33614	ļ	SECR SE TI		
(b)	·			FILED 2016 OCT 28 PM SECRETARY OF STALLAHASSEE, FI		
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:			
	RIZZETTA-CHAPEL CREEK PROPERTIES, LLC.			STATE FLORIO		
	NEW Registered Office Address:			- Div. • • • • • • • • • • • • • • • • • • •		
	3434 COLWELL AVE., SUITE 200			· -		
	TAMPA ,	FL_33614	1	-		
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of	of the reg l liability or rs of the line the limited	istered offic company, it is mited liability liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member		ILLIMIVI J.	Printed or typed name of signee		
I here provis the ob to men	eby accept the appointment as registered agent and completions of all statutes relative to the proper and completing of my position as registered agent as proving the reflect a change in the registered office address, and in writing of this change	agree to ac ete perforn ided for in , I hereby	ct in this cap nance of my Chapter 60. confirm that	pacity I further agree to comply with the		

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

Signature of Registered Agent