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S. HORRIS

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divis	sion of Corporations			
SUBJECT:	CMC II INVESTORS, LLC			
SCIALET.	Name of Limited Liability Company			
Dear Sir or M	fadam:			
The enclosed	Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.	
Please return	all correspondence concerning th	is matter to the fo	llowing:	
NOELLE F	IERRMAN			
	Name of Person		-	
DIAS & AS	SOCIATES, PA			
	Firm/Company		-	
5102 WES	T LAUREL STREET, SUITE	700		
	Address		-	
TAMPA, FI	L 33607			
	City/State and Zip Code		-	
nherrman@	@mdlegal.net			
E-mail a	address: (to be used for future ann	nual report notification	ation)	
For further in	formation concerning this matter	, please call:		
NOELLE H	ERRMAN	813	769-6280	
-	Name of Person	_ \	Area Code & Daytime Telephone Number	
Regis Divis Clifto	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	hassee, Florida 32301			
Enclo ~	osed is a check for the following	amount:		
Z)\$2	5 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 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

Name of the limited liability company:	ESTORS, LLC	
(a) 800 CONCOURSE PARKWAY SOUTH	(b) 800	CONCOURSE PARKWAY SOUTH
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
MAITLAND, FL 32751	MAIT	TLAND, FL 32751
12/15/2011	L1100	00141023
Date of filing/registration in Florida	4.	Document number
NRAI SERVICES, INC.		
Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	of the Florida Dept. of	State:
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
PLANTATION F	33324	
(b) NOELLE C. HERRMAN		1 25 T
Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	33 SB -
c/o DIAS & ASSOCIATES, LLC		— 15 SIMI
NEW Registered Office Address:		— க _{்.}
5102 W. LAUREL STREET, SUITE 700		
TAMPA	33607	
the limited liability company is not organized under the leader or changes are made, the Florida street address and will be identical. Or, in the case of a Florida limited s/were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	of the registered o liability company, s of the limited liab ne limited liability	ffice and the business office of the register it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signature of a mymber or authorized representative of a member		Printed or typed name of signee
nereby accept the appointment as registered agent and a ovisions of all statutes relative to the proper and comple e obligations of my position as registered agent as provid merely reflect a change in the registered office address, tifted in writing of this change.	gree to act in this te performance of led for in Chapter I hereby confirm t	capacity. I further agree to comply with th my duties, and I am familiar with and acce 605, F.S. Or, if this document is being file hat the limited liability company has been
De DOE NORMAN.		