## 612000030282

(Requestor's Name)					
(Address)					
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(6) 10: 1 7: 10:					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	FCT: SR 2200C, LLC					
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the f	following:			
Krist	en Carter	<u> </u>	<u> </u>			
	Name of Person					
Para	corp Incorporated					
	Firm/Company		_			
2804	GATEWAY OAKS DRIVE #100					
	Address		_			
SAC	RAMENTO , CA 95833					
	City/State and Zip Code					
	ACORP@MYPARACORP.COM					
	E-mail address: (to be used for future annua	I report notifi	cation)			
For fu	rther information concerning this matter, pl	ease call:				
KRIS	TEN CARTER	at (800	, 533-7272			
-	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314			
	Enclosed is a check for the following as	inclosed is a check for the following amount:				
	☑ \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			
INHSI	8 (2/14)					

## 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

I. Na	une of the limited liability company: SR 2200C, L	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)  3323 NE 163RD STREET, SUITE 403  NORTH MIAMI BEACH, FL 33160  L12000020282		
	3323 NE 163RD STREET, SUITE 403	3323 NI			
	NORTH MIAMI BEACH, FL 33160	NORTH			
	02/10/2012	L120000			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATE MAINTENANCE SERVICES	S, LLC			
3. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Stat	e:		
			FIL 2022 MAY 25 SECTE TAIR MALLAHASS		
	Registered Office Address (MUST BE FLORIDA STREET	<b>经 美</b> TI			
(b)	1000 BRICKELL AVENUE, SUITE 400	<del></del>	Y 2:		
	MIAMI F	L_33131	- SEE P M		
	SETH G. COHEN, ESQ.		HAY 25 PH 2: CARASSEE, FLA		
	Enter name of NEW Registered Agent and/or NEW Registere	- 26 26 26 26 26 26 26 26 26 26 26 26 26			
	GRAYROBINSON, P.A.,		ν		
	NEW Registered Office Address:		_		
	301 E. PINE ST., STE. 1400		_		
,	ORLANDO	. 32801			
Signa  I here provisithe obt to mer.	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lare authorized by a affirmative vote of the members icles of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and as it is a factor of a member by accept the appointment as registered agent and agent as provided in the proper and completed agent as provided of the proper of the change in the registered office address, and in writing of this change.	of the registered office liability company, it is of the limited liability company. SETH G. CO	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany.  DHEN, ESQ.  Printed or typed name of signee  practice. I further agree to comply with the		
	are of Registered Agent				