## 4200039145

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WHO SERVILER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Church Street Re	eal Estate
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Maurice French	HASSEE FLORING
Name of Person	5
Church Street Real Esta	
Firm/Company	
2423 Kalch Ct	•
Address	
Ocoee, FL 34761	·
City/State and Zip Code	· .
Maurice@SFRClosers.c	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matt	er, please call:
Maurice French	at (407 ) 900-0754
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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.

<b>3</b> ,,,	•		
1. Name of the limited liability company: Church Street Re	eal Estate, LLC		
2. (a) Principal office address of limited liability comp	ansv. 2423 Kalch Ct		
(Note: MUST BE STREET ADDRESS)	Ocoee, FL 34761		
/		Sig U	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2423 Kalch Ct		
	Ocoee, FL 34761	<u> </u>	
		影宗 主 [	
03/19/2012	Li2000039145		
3. Date of filing/registration in Florida	4. Document number	5	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:	
Registered Agent:	CF Equity Holdings LLC		
registered rigent.			
Registered Office Address:	55 W Chuch St		
8	Orlando FL 32801		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office ad	dress:	
NEW Registered Agent.	Wautice Figure		
<b>NEW</b> Registered Office Address:	2423 Kalch Ct		
(MUST BE FLORIDA STREET ADDRESS)			
	Ocoee	,FL <u>34</u> 761	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as othe the operating agreement of the limited liability company	e Florida street address of the lentical. Or, in the case of a e(s) was/were authorized by rwise provided in the article	e registered office Florida limited an affirmative vote of	
Signature of a member or authorized representative of a member			
$\mathcal{F}$			
Maurige French	·		
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	nd agree to act in this capac proper and complete perfor position as registered agen merely reflect a change in to pany has been notified in wr	ity. I further agree to mance of my duties, t as provided for in he registered office iting of this change.	
Signature of Registered Agent			
/ Division of Corporations, P.O. Roy	6327, Tallahassee, FL 32	314	

FILING FEE: \$25.00