L12000/06926

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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08/18/14--01024--004 **25.00

SEGIT TRY OF STATE
TALL TO THE THORIDA

AUG 2 7 2014 T. CARTER

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: CC Duncin LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
(Firm/Company)		
4763 Travini Circle Unit 100p (Address)		
Sirisota, FL 34235 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (Are	11, 874-7057	
(Name of Person) (Are	ea Code & Daytime Telephone Number)	
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 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 608.416 or 608.506 company submits the following statement in order to chan in the State of Florida.	8, Florida Statutes, the undersigned limited liability age its registered office or registered agent, or both,
1. Name of the limited liability company:	Junan LL
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	50030te, FZ 34235
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	47/03 Travini Circle Unit 166 300050tz JFL 34235
3. Date of filing/registration in Florida	12000106926 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents, In
Registered Office Address:	13302 Winding Ocks Ct. Suite A Timp FC 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Givin Juna
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4763 Tavini Cicle Unit 100 Sinsute FL 34235
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	TALES 14
(Printed or typed name of signee) WC	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ngree to act in this capacity. I further agree to some top of the complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, thereby did in writing of this change.