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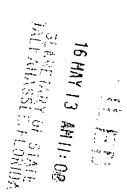
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(Requestor's Name)					
(Address)					
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PICK-UP	WAIT .	MAIL			
(Business Entity Name)					
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MAY 16 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
27 1 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 11, 2016

Order#: 130661/049

Re: CPC WATERFORD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.		me of the limited liability company: CPC WATE	ERFORD, LLC	
2.	(a)	800 VANDERBILT BEACH ROAD  Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		NAPLES FL 34108		
		08/21/2012	L120001	07821
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	SALVATORI, WOOD & BUCKEL		_
	` ,	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of Sta	te:
		9132 STRADA PLACE		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<del></del>
		NAPLES	, FL_34108	TO HA
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1201 Hays Street	tered Office address:	3 AM II: 02 SEEFE DRIB
		NEW Registered Office Address:		
		Tallahassee	, FL <u>32301</u>	_
the age wa the	cha ent w s/we arti	mited liability company is not organized under the nge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member of organization or the operating agreement of the united by the control of a member of	ss of the registered officed liability company, it is ers of the limited liability	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
I) pro the to no	nerel ovisi obli mere tified	by accept the appointment as registered agent and components of all statutes relative to the proper and compigations of my position as registered agent as profly reflect a change in the registered office address in writing of this change.  The of Registered Agent Corporation Service Compa	olele performance of my vided for in Chapter 60 ss, I hereby confirm that	pacity. I further agree to comply with the
		D111 40 11 D	O D (245 70 H )	Y77 20244