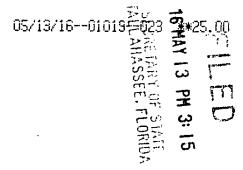
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.	Na	me of the limited liability cor	mpany: <u>CPC FARGO</u> ,	LLC					
2. (a)	(a)	800 VANDERBILT BEACH RD Principal office address of limited liability company:		(b)		Mailing address of limited liability company:			
		(Note: MUST BE S	TREET ADDRESS)			(Note: MAY BE PO	<u>ST OFFICE</u>	BOX)	
		NAPLES	FL 34108						
		06/26/2013			L130000	92035			
3.		Date of filing/regist	ration in Florida	4.		Document number	•		
5.	(a)	SALVATORI, WOOD & B	BUCKEL, PL						
٠.	()	Registered Agent and Registered C		of the Florida	Dept. of Stat	e:			
		9132 STRADA PL							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
				· · · · · · · · · · · · · · · · · · ·					
		NAPLES	, F	L <u>34108</u>		_			
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	(b)	Corporation Service Compa Enter name of <u>NEW Registered A</u>		ed Office add	dress:	_		5; <u>⊋</u> x	
		Emer hand or Mysy Wegistered	recit and or reserved				SVI	MAY 13	
		1201 Hays Street					m	i	
		NEW Registered Office Address:				-		2 177	
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						_	AU AU	T .	
		Tallahassee	, F	L_32301		-			
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	Signa	ture of a member or authorized repr	esentative of a member			Printed or typed name	e of signee		
pi th to no	ovisi e obi mer otifie	by accept the appointment as ons of all statutes relative to igations of my position as rely reflect a change in the rest in writing of this change.	the proper and comple gistered agent as provid gistered office address,	te perform ded for in C I hereby co	ance of my Chapter 60 onfirm that	pacity. I further agr duties, and I am fai 5, F.S. Or, if this do the limited liability irby, Assistant Vic	miliar with ocument is company	and accept being filed has been	
J		re of Registered Agent Corporat	of Cornerations 20				1 103140	·-•	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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.

	me of the limited liability c	• •	LLC					<u></u>
2. (a)	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	_					
	06/26/2013			L130000	92035			
3.	Date of filing/regis	stration in Florida	4.		Document number	r		
5. (a)	SALVATORI, WOOD &	BUCKEL PL						
J. (u)	Registered Agent and Registered		the Florida	Dept. of Sta	te:			
	9132 STRADA PL							
		UST BE FLORIDA STREET	ADDRESS:)	_			
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(b)					- -	- E	MAY	*,
	Enter name of <u>NEW Registered</u>	Agent and/or NEW Registered	l Office add	<u>lress</u> :		3.7.	~	P PP PRINT
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	NEW Registered Office Address	:				UF STATE	မှု	
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	Tallahassee	, FI	32301		·			
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CSC - WILMINGTON
Suite 400
2711 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#: 130661/022

Re: CPC FARGO, 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