

Division of Corporations

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L14000021490

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (950) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 7/17

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
CPVR LOLAS JACKSONVILLE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03-L
Estimated Charge	\$25.00

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14 JUL 18 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS

JUL 21 2014

EXAMINER

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7/18/2014 10:25:35 AM PAGE 17001 Fax Server



July 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CPVR LOLAS JACKSONVILLE LLC
1715 CHURCH STREET
GALVESTON, TX 77550US

SUBJECT: CPVR LOLAS JACKSONVILLE LLC
REF: L14000021490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H14000170294
Letter Number: 914A00015460

RE-SUBMIT

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date of submission 7/17

RECEIVED

14 JUL 18 PM 4:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPVR LOLAS JACKSONVILLE 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:

KAREN PARKER

Name of Person

CT CORPORATION

Firm/Company

515 E PARK AVENUE

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

karen.parker@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN PARKER

Name of Person

at (**850**)

205-8831

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL 17 AM 10:35

**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. Name of the limited liability company: CPVR LOLAS JACKSONVILLE LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1522 KING STREET
JACKSONVILLE, FL 32204
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1715 CHURCH STREET
GALVESTON, TX 77550
3. 02/04/2014
Date of filing/registration in Florida
4. L14000021480
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LAWRENCE YANCY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
10959 OAK RIDGE DRIVE NORTH,
JACKSONVILLE FL 32229
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office Address:
CT CORPORATION SYSTEM
NEW Registered Office Address:
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Walter M. Mathews
Signature of a member or authorized representative of a member

Walter M. Mathews
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Connie Bryan
Signature of Registered Agent

Connie Bryan

Assistant Secretary

Division of Corporations, P.O. Box 1527 • Tallahassee, FL 32314
FILING FEE: \$25.00