## 4000068574

| (F                      | Requestor's Name)      |              |  |  |  |
|-------------------------|------------------------|--------------|--|--|--|
| <u> </u>                | address)               | <del> </del> |  |  |  |
| <u> </u>                | address)               |              |  |  |  |
| (C                      | City/State/Zip/Phone # | )            |  |  |  |
| PICK-UP                 | ☐ WAIT                 | MAIL         |  |  |  |
| (E                      | Business Entity Name)  | <u> </u>     |  |  |  |
|                         |                        |              |  |  |  |
| (Document Number)       |                        |              |  |  |  |
| Certified Copies        | Certificates of        | Status       |  |  |  |
| Special Instructions to | o Filing Officer:      | :            |  |  |  |
|                         |                        |              |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Cedeck, UC 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:  |
| Stacy Decker Name of Person  Claude, UC Firm/Company   |
| 2700 Donna Dr<br>Address   |
| TitusVIIL FL 327912  City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Stacy Decker at (32) U52-5U54  Name of Person Area Code & Daytime Telephone Number   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallabassee Florida 32314 |

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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 company: CLALCK  | -, 4       | .C                             |  |                    |          |
|-----------|--|------------|--------------------------------|--|--------------------|----------|
| 2. (a)    | Principal office address of limited liability company:   | _ (b)      | )                              | ailing address of limit                    | tod linkility name | onu.     |
|           | (Note: MUST BE STREET ADDRESS)   |            | M                              | anng address of film.<br>(Note: MAY BE PO. |                    | _        |
|           | 2700 DONNA Dr  |            | 2700                           | Donna                                      | Dr                 |          |
|           | THUSVIlle R 3279Le   | _          | Titus                          | VIIL FL                                    | 32791              | L        |
|           |  |            | L1400                          | 0048574                                    |                    |          |
| 3.        | Date of filing/registration in Florida   | 4.         |                                | Document number                            |                    |          |
| 5. (a)    | Ceci I J. Miller   |            |                                |  |                    |          |
| J. (a)    | Registered Agent and Registered Office shown on the records of the   | ne Florida | Dept. of State:                |  |                    |          |
|           |  |            |                                |  |                    |          |
|           | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)    |                                |  |                    |          |
|           | 3136 Norfolk 87  |            |                                |  |                    |          |
|           | MIMS .FL   | 32         | 75U                            |  |                    |          |
|           | , FL_  | <u></u>    | 70-1                           |  |                    |          |
| (b)       | Stacey Decker  |            |                                |  | 76                 | •        |
|           | Enter name of NEW Registered Agent and/or NEW Registered (   | Office add | ress:                          |  |                    |          |
|           |  |            |                                |  | APR 2              | ,<br>,   |
|           | White is a constant of the con |            |                                |  |                    |          |
|           | NEW Registered Office Address:   |            |                                |  | - <del>}</del>     |          |
|           | 2700 Donna Dr  |            |                                |  |                    | Prama a  |
|           | THUSVIIL ,FL   | 30         | 79Le                           |  | <u>.</u>           |          |
| If the li | mited liability company is not organized under the law   | s of the   | State of Flo                   | rida it is hereby c                        | onfirmed that      | after    |
| the cha   | nge or changes are made, the Florida street address of t   | the regis  | tered office                   | and the business of                        | office of the re   | gistered |
| agent w   | fill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of   | the limi   | mpany, it is<br>ited liability | company or as of                           | herwise provid     | ded in   |
| the artic | cles of organization or the operating agreement of the l   | _          | 1 - '                          | •  |                    |          |
|           |  |            | stacey                         | Decker_                                    |                    |          |
| -         | ure of a member or authorized representative of a member   |            | •                              | Printed or typed name                      |                    | . 4. 4   |
| neanici   | y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have thing of this change.   | 20vfavma   | wee of wu d                    | ution and Lam to                           | miliar with an     | a accont |
| Signatur  | e of Negistered Agon   |            |                                |  |                    |          |

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| 1. Na  | ame of the limited liability company:CLOC  | k, Ll  | .C   | <del> </del>   |  |  |  |                                      |
|--|--|--|--|--|--|--|--|--------------------------------------|
| 2. (a)   |  | (b)  | l  |  |  |  |  |                                      |
| ( )  | Principal office address of limited liability company:   | 、/   | Mail   | ing address  |  |  |  |                                      |
|  | (Note: MUST BE STREET ADDRESS)   |  | .0000  | lote: MAY  |  | her.                                     | <u>.E BUX</u>                            | ,                                    |
|  | 2700 Dunna Dr  |  | a IVV  | DUN  | na   | $\nu_{\rm I}$                            |  |                                      |
|  | THISVILL IL 3279LE   |  | <u>Titusy</u>  | 1114   | FL   | 32                                       | 790                                      | <u></u>                              |
|  |  |  | L14000   | 0485   | 14   |  |  |                                      |
| 3.   | Date of filing/registration in Florida   | 4.   | Do   | cument r   | number                                       |  |  |                                      |
| 5. (a)   | Ceril J. Miller  |  |  |  |  |  |  |                                      |
| -  | Registered Agent and Registered Office shown on the records of   | the Florida                                      | Dept. of State:  |  |  |  |  |                                      |
|  |  |  |  |  |  |  |  |                                      |
|  | Registered Office Address (MUST BE FLORIDA STREET)   | (DDRESS)   |  |  |  |  |  |                                      |
|  | 3136 Norfolk 87  |  |  |  |  | £ .                                      | <del>1</del> 6                           | •                                    |
|  |  | 32   | 2011   |  |  | B  | ŔΡŖ                                      | •                                    |
|  | , FL   | <u> </u>   | 134  | •  |  |  | <b>⊳</b> >                               |                                      |
| <b>(L</b> )  | Stacey Decker  |  |  |  |  |  | ****                                     | i .                                  |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered   | Office add                                       | ress:  |  |  | <u>-</u>                                 | P  | \$ 1<br>2.970                        |
|  |  |  |  |  |  |  | 5  |                                      |
|  |  |  | •  |  |  |  | 9  |                                      |
|  | NEW Registered Office Address:   |  |  |  |  |  |  |                                      |
|  | 2700 Donna Dr  |  |  |  |  |  |  |                                      |
|  |  | · <u> </u>                                       |  |  |  |  |  |                                      |
|  | THUSVILL   | 32   | 79Le   |  |  |  |  |                                      |
|  |  |  |  |  |  | ~  |  | •                                    |
| If the li<br>the cha                                 | imited liability company is not organized under the lavinge or changes are made, the Florida street address of   | vs of the t<br>the regist                        | State of Florid<br>tered office an                                   | la, it is he<br>id the bus                           | reby con<br>iness of                         | nfirmed<br>fice of                       | i that a<br>the reg                      | fter<br>distered                     |
| agent v  | will be identical. Or, in the case of a Florida limited lia  | ability co                                       | mpany, it is he  | ereby con  | firmed t                                     | hat the                                  | change                                   | e(s)                                 |
| was/we<br>the arti                                   | ere authorized by an affirmative vote of the members of the operating agreement of the   | if the iimi<br>limited li                        | ited hability compa  | ompany c<br>ny.                                      | or as othe                                   | erwise                                   | provide                                  | ea m                                 |
| <  |  |  |  |  |  |  |  |                                      |
| Signat   | ture of a member or authorized representative of a member  |  | stacey l   | inted or typ   | ed name o                                    | of signee                                |  |                                      |
| l herei<br>provisi<br>the obl<br>to mere<br>notified | by accept the appointment as registered agent and agr<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I i<br>I in writing of this change. | ee to act<br>performa<br>d for in C<br>hereby co | in this capacit<br>ince of my dut<br>hapter 605, F<br>nfirm that the | ty. I furth<br>ies, and l<br>.S. Or, if<br>limited l | ner agre<br>am fam<br>this doc<br>iability d | e to coi<br>iliar wi<br>cument<br>compan | nply w<br>ith and<br>is bein<br>iy has l | ith the<br>accept<br>g filed<br>been |
|  |  |  |  |  |  |  |  |                                      |
| Signatu  | re of Negistered Agent   |  |  |  |  |  |  |                                      |