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COVER LETTER

TO:		istration Section sion of Corporations						
SUBJE	ECT:	CDF Services, LLC.						
		Name of Limited Liability Company						
Dear S	ir or N	Madam:						
The en	closed	d Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.				
Please	return	all correspondence concerning th	is matter to	the following:				
Jon M	Л. Od	len, Esq.						
		Name of Person						
Willis	& O	den PL						
		Firm/Company		·				
2121	S. H	iawassee Road, Suite 116						
		Address		- 				
Orlan	ido, F	FL 32835						
		City/State and Zip Code						
cforne	ess@)jacksonhewittcfl.com						
Е	E-mail	address: (to be used for future ann	ual report	notification)				
For fur	ther in	nformation concerning this matter,	please cal	:				
Jon M	Л. Od	en, Esq.	407 at (903-9939				
		Name of Person		Area Code & Daytime Telephone Number				
	Regi Divis Clift 2661	EET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Encl	losed is a check for the following	amount:					
	2 \$2	25 Filing Fee	C	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

(a)		(b)		
(.) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2221 Lee Road, Suite 15			
	Winter Park, FL 32789	_		
	5/16/2014	l	_140000	80511
(a)	Date of filing/registration in Florida Ball Janik, LLP	- 4. -		Document number
(4)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 201 E. Pine Street, Suite 825			SEURETARY FALLAHASSE 17 HAY 18
	Orlando	32801		A 16
(b) .	Willis & Oden PL c/o Jon M. Oden, Esq. Enter name of NEW Registered Agent and/or NEW Registered 2121 S. Hiawassee Road, Suite 116	Office add	ress:	FLORIDA 3: 59
	NEW Registered Office Address:			
	Orlando , FL	32835		-
chai nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of seles of organization or the operating agreement of the	the regist ibility con f the limit limited lia	ered office npany, it is ted liabilit	e and the business office of the registers hereby confirmed that the change(s) y company or as otherwise provided in a pany.
gnati	ure of a member or authorized representative of a member			Printed or typed name of signee
νίςίι	y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h	nertorma	nce of miv a	duties, and I am familiar with and acc

Signature of Registered Agent