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(Requestor's Name)
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COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations						
SUBJEC	CHP MANAGEMENT SERVICES, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The encle	osed Registered Agent/Registered (Office Change and fo	ee(s) are submitted for filing.				
Please re	turn all correspondence concerning	g this matter to the fo	ollowing:				
JEFF KR	INSKY						
	Name of Person		_				
PANTHE	R CAPITAL MANAGEMENT, LLC						
	Firm/Company		_				
1172 S. D	Dixie Hwy. Ste. 502						
	Address		_				
Coral Gal	bles, FL 33146						
	City/State and Zip Cod	e	-				
JKrinsky(@pantherem.com						
E-n	nail address: (to be used for future	annual report notific	ation)				
For furth	er information concerning this mat	ter, please call:					
Ayax Chr	ristopher	305 at (374-1753				
	Name of Person	ut (Area Code & Daytime Telephone Number				
В Д Р	Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	Enclosed is a check for the follow	ing amount:					
	\$25 Filing Fee	Filing Fee & Certified Copy					

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. N	lame of the limited liability company: CHP MANAGES	MENT S	ERVICES, LL	.C		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	333 S MIAMI AVE STE 150 MIAMI, FL 33130		333 S MIA	AMI AVE STE 150 N	MIAMI, FL	33130
	06/19/2014	_	L14000099	190		
 (a) 	Date of filing/registration in Florida PANTHER MANAGEMENT SERVICES, LLC	4.		Document numbe	r	
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	e:		
	Registered Office Address (MUST BE FLORIDA STREET 333 S MIAMI AVE STE 150	_				
(1-)	Miami , FI			-	2019 (37-1)	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:	_	-2 //10:	- •
	NEW Registered Office Address:				: 26	
	1172 S. Dixie Hwy. Ste. 502		-	-		
	Coral Gables, FI	33146 	_	_		
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	d the business offices s hereby confirmed y company or as of	ce of the re I that the ch	gistered nange(s)
	Clark.	JE	FF KRINSKY			
I here provis the ob to med notific	aure of a member or authorized representative of a member by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of any position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change. ure of Registered Agent	ree to ac perform d for in hereby	et in this capa nance of my c Chapter 605 confirm that t	Printed or typed nam acity. I further agg duties, and I am fa F.S. Or, if this d the limited liability	ee to comm	ly with the and accept being filed has been

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