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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| //State/Zip/Phone | e #) | | | | | |
| ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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MAY 16 2016 J SHIVERS



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#: 130661/037

Re: CPC LEASING, 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

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: CPC LEASING, I | LLC | | |
|-----------------|--|---|------------------------------------|---|---|
| 2 | (a) | 800 VANDERBILT BEACH RD | (b) | | |
| ۷. | (a) . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | NAPLES FL 34108 | _ | | |
| | | 08/22/2014 | _ | L1400013 | 2286 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | SALVATORI LEO J | | | |
| | () | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State | : |
| | | 9132 STRADA PL | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | W.L., W.L., W.L. | Maring |
| | | | | | |
| | | NAPLES , FL_ | 34108 | | |
| | (b) Corporation Service Company | | | | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office add | ress: | |
| | | 1201 Hays Street | | | |
| | | NEW Registered Office Address: | | | <i>-</i> |
| | | | | | |
| | | Tallahassee, FL_ | 32301 | | |
| the ag | e cha ent v s/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regis bility co the limi | tered office mpany, it is ted liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| _ | | Lee & Gones | Jill C | ilmi, Author | rized Person |
| I protection to | herei ovisi e obl mere tified | the of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent Corporation Service Company | performa ! for in C ereby co | nce of my a hapter 605 nfirm that i | Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President |

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