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COVER LETTER

TO: Registration Section Division of Corporations

CMM Bayou Grande, LLC SUBJECT:

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:

Christopher Maher

Name of Person

CMM Bayou Grande, LLC

Firm/Company

6075 Bayou Grande Blvd.

Address

St. Petersburg, Florida 33703

City/State and Zip Code

CMMAHER3@gmail.com

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

For further information concerning this matter, please call:

813 344-8924

at (_____

) Area Code & Daytime Telephone Number

Name of Person

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liabilit submits the following statement in order to change its registered office or registered agent, or both, in the Florida,

1.	Na	me of the limited liability company:	CMM Bayou Grande, LLC			
2.		3001 Alamo Dr.	()	(b) 3001 Alamo Dr.		
<i></i> (1	()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		·	Mailing address of limited liability ce (Note: MAY BE POST OFFICE 1	
		Orlando, Florida 32805	<u> </u>	Orlando	, Florida 32805	
		November 7, 2014	<u> </u>		73822	
3.		Date of tiling/registration in Florida	- <u> </u>		Document number	
5.	(a)	James Bogner				
	(11)	Registered Agent and Registered Office shown on the recor 225 E. Robinson Street	ds of the Florida	Dept. of Stat	_ e:	
		Registered Office Address <u>(MUST BE FLORIDA STRI</u> Suite 600	EET ADDRESS	2	-	
		Orlando	_{FI} 32801		- 	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office ad	dress:	CRETARY O	
		Christopher Maher			, ,	
		NEW Registered Office Address:			BRIT	
		6075 Bayou Grande Blvd.			-	
		St. Petersburg	_, FL_33703		_	
the age was the	cha ent w s/we arti	imited liability company is not organized under th nge or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the memb cles of organization or the operating agreement of the operation of a member of a member	ss of the regis ed liability co ers of the lim f the limited l	stered offic impany, it i ited liabilit	e and the business office of the s hereby confirmed that the cha y company or as otherwise pro npany.	
T h	- ereł	w accept the appointment as resistered agent and	l agree to act	in this can	acity I further agree to comp	
pro the to n	visi obli nerg	ins of all statutes relative to the proper and com- igations of my position as registered agent as pro reflect a change in the registered office addres l'in Kriting of this change.	wided for in Cost, I hereby co	ance of my Chapter 602 onfirm that	duties, and I am familiar with 5, F.S. Or. if this document is l the limited liability company h	

im $v\iota$

Signature of Registered Agent

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