

**H150002343693**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
15 SEP 30 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
CCRE MEEK, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 SEP 30 A 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CCRE Meek, LLC

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:

Scott Renaud

Name of Person

CCRE Meek, LLC

Firm/Company

420 S Orange Avenue, Suite 950

Address

Orlando, FL 32801

City/State and Zip Code

scott.renaud@CNLCRE.com

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

For further information concerning this matter, please call:

Scott Renaud

at ( 407 )

540-7738

Name of Person

Area Code & Daytime Telephone Number

**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

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TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 603.0114 or 603.0116, 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. Name of the limited liability company: CCRE Meek, LLC
2. (a) 420 S Orange Avenue  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Suite 950  
Orlando, FL 32801
- (b) 420 S Orange Avenue  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Suite 950  
Orlando, FL 32801
3. March 25, 2015  
Date of filing/registration in Florida
4. L15000053132  
Document number
5. (a) Devi M Gooljar  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
450 South Orange Avenue  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32801
- (b) Scott Renaud  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
420 S Orange Avenue  
NEW Registered Office Address:  
Suite 950  
Orlando, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Paul Ellis  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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

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