L15000057859

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MAY 1 6 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: CSC/PH - FL TAL *

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 11, 2016

Order#: 130661/047

Re: CPC WACO, 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 WACO, LLC	2		
2	(a)	800 VANDERBILT BEACH ROAD		_ (b)		
	(") .	Principal office address of limited li (Note: MUST BE STREET A		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		NAPLES	FL 34108	- -		
		04/01/2015		_	L1500005	7859
3.		Date of filing/registration in	n Florida	4.		Document number
5.	(a)	SALVATORI, WOOD & BUCKEL	, PL			
	(-)	Registered Agent and Registered Office sho		e Florida	Dept. of State	:
		9132 STRADA PLACE				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		NAPLES	, FL	34108		50 16 M
	(b)	Corporation Service Company				
		Enter name of NEW Registered Agent and	or NEW Registered C	Office add	ress:	13 Sept. 13
		1201 Hays Street				Annual to the second se
		NEW Registered Office Address:				46
		Tallahassee	, FL	32301		
the age wa the	char ent w s/we artic	nge or changes are made, the Florida vill be identical. Or, in the case of a	street address of t Florida limited liab of the members of agreement of the li	he regist pility cor the limi imited li	ered office npany, it is ted liability ability com	orida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in apany. Tized Person Printed or typed name of signee
the to to	ovisio obli mere ifiea	by accept the appointment as register ons of all statutes relative to the properties of all statutes relative to the properties of all statutes relative to the properties of a change in the registered in writing of this change	per and complete pagent as provided office address, I he	performa for in C preby co	nce of my a hapter 605 nfirm that i	ncity. 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 Com-	amatiamas D.A. D.	(227.	Tallakas	DI 22214

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