## L15000057897

	(Requestor's Name)				
	(Address)				
	(Address)	-			
	(City/State/Zip/Phone	· #)			
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(Business Entity Name)					
(Document Number)					
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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#: 130661/016

Re: CPC AUSTIN HIGHWAY, 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. N	lame of the limited liability company: C	PC AUSTIN HIGHW	/AY, LLC			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NAPLES FL	34108				
2	04/01/2015		L15000			
3.	Date of filing/registration in Fl	orida 4.		Document number		
5. (a				_		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	9132 STRADA PLACE			_		
	Registered Office Address (MUST BE FLO)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				_		
	NAPLES	, FL _341	08			
		, ,				
(b)	Corporation Service Company					
	Enter name of NEW Registered Agent and/or N	EW Registered Office	address:			
				TE D May		
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassas	72 000	0.4	<del>-</del>		
	Tallahassee	, FL <u>323</u>	U1			
the chagent was/w the ar	will be identical. Or, in the case of a Flor yere authorized by an affirmative vote of the control of the contr	eet address of the re rida limited liability he members of the l eement of the limite	gistered officompany, it imited liabil d liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  norized Person		
-	ature of a member or authorized representative of a			Printed or typed name of signee		
provis the ob to mei notifie	eby accept the appointment as registered sions of all statutes relative to the proper siligations of my position as registered age rely reflect a change in the registered official in writing of this change.  The property of Registered Agent Corporation Services	and complete perfor int as provided for it ce address, I hereby	mance of m n Chapter 60 confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been cirby, Assistant Vice President		
	Division of Corners	tions DA Dov 43	27a Tallah	nggo FI 22214		