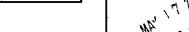
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(Requestor's Name)								
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(Address)								
(Address)								
(City/State/Zip/Phone #)								
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☐ PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
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MAY 17 1016 J. HARRIS



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#: 130661/025

Re: CPC GREENVILLE, 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 GREENVIL	LE, LLC	;	····			
2	(a)	800 VANDERBILT BEACH ROAD	_ (b	1				
۷,	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		NAPLES FL 34108	_					
		04/01/2015	-	L1500005	7906			
3.		Date of filing/registration in Florida	4.		Document nun	ıber		
5.	(a)	SALVATORI, WOOD & BUCKEL, PL						
	(-7	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:			
		9132 STRADA PLACE						
		Registered Office Address (MUST BE FLORIDA STREET A)	<u> </u>					
		NAPLES , FL	34108			= 1		
						SEC	ਲੀ	
	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Company</u>	Office add	lrece.		≥ ₩	======================================	****
		Blief haile of NEW Registered Agent and/or NEW Registered C	mice auc			줐롲	<u>်</u>	LEDGE 13 LEGGE 13
		1201 Hays Street				¥2		TT
		NEW Registered Office Address:				7.0		Ö
		•				37	12:2	7
						D F	င်ာ	
		Tallahassee, FL_	32301					
the ag wa the	e cha ent w ns/we e arti	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of a member or authorized representative of a member	he regis bility co the lim imited l	tered office mpany, it is ited liability iability com	and the busine hereby confirm company or a	ess office ned that s otherv	e of the the c	ne registered hange(s)
pr the to no	ovisi e obli mere tified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete programment of my position as registered agent as provided by reflect a change in the registered office address, I have been kegistered Agent Corporation Service Company	performo for in C ereby co	ance of my a Chapter 605, onfirm that t	city. I further luties, and I an F.S. Or, if thi he limited liab by, Assistant	i familio s docun ility con	ar with nent is npany	n and accept being filed has been
		Division of Corporations P.O. Ro	ox 6327	• Tallahass	see FL 32314			

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