

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(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#: 130661/055

Re: GLL - 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. N	ame of the limited liability of	company: GLL - CPC WA	ACO, LLC		
2. (a)	•	H RD of limited liability company: ESTREET ADDRESS	(b)	Mailing address of limited liabili (Note: MAY BE POST OFF)	
		FL 34108			
2	04/08/2015	intention in Florida	-	000062290	
3.	Date of Himg/regi	istration in Florida	4.	Document number	
5. (a					
	Registered Agent and Registered	d Office shown on the records of	the Florida Dept.	of State:	
	9132 STRADA PL				
	Registered Office Address	MUST BE FLORIDA STREET	ADDRESS)	 	
	· · · · · · · · · · · · · · · · · · ·				
	NAPLES	, FI	L <u>34108</u>	1000 1000 1000 1000 1000 1000	1
				A Company of the Comp	6
(b)				in the second se	5
	Enter name of NEW Registered	1 Agent and/or NEW Registered	d Office address:	76 × 3	<u>ာ</u> ယ ့်နှ
	100111 01 1				i)
	1201 Hays Street				
	NEW Registered Office Addres	SS:			
	-			&	,
	Tallahassee	, FI	J 32301		
the ch agent was/w	ange or changes are made, the will be identical. Or, in the	he Florida street address o case of a Florida limited liative vote of the members	f the registered iability compan of the limited li e limited liabilit	of Florida, it is hereby confirme office and the business office of y, it is hereby confirmed that the ability company or as otherwise y company. Authorized Person	f the registered e change(s)
Sign	ature of a member or authorized re	presentative of a member		Printed or typed name of signe	e
provis the ob to men notifie	eby accept the appointment of ions of all statutes relative to ligations of my position as rely reflect a change in the red in writing of this change of Registered Agent Corporate	to the proper and complete egistered agent as provide egistered office address, I	e performance o ed for in Chapte hereby confirm	s capacity. I further agree to co of my duties, and I am familiar w er 605, F.S. Or, if this document that the limited liability compa- E. Kirby, Assistant Vice Presi	rith and accept t is being filed ny has been
-		and but to company			