## L1500007 2955

(Requestor's Name)		
(Address)		
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		į
	-	

Office Use Only



900285199749



05/13/16--01026--023 \*\*25.00



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#: 130661/045

Re: CPC WACO II, 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. 1	ame of the limited liability company: <u>CPC WACO I</u>	ו, גגט	
. (a)	800 VANDERBILT BEACH ROAD	(b)_	
	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		
	04/24/2015	<u>_</u>	15000072955
	Date of filing/registration in Florida	4.	Document number
. (a	SALVATORI, WOOD & BUCKEL, PL		
. (	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:
	9132 STRADA PLACE		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	NAPLES , F	L 34108	
(b)	Corporation Service Company  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addres	16 MA
	1201 Hays Street		<u> </u>
	NEW Registered Office Address:		
	Tallahassee , F	L_32301	
ne ch gent /as/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the company of the comp	of the register liability comp of the limited limited liab	ed office and the business office of the registere pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
rovis he ob o mei	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act in le performanc led for in Cha I hereby confi	this capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file irm that the limited liability company has been
7	Jana Toxinhia		

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