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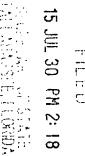
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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	San Pablo Acquisitions, LLC		
		ne of Limited Liab	pility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	llowing:
Charl	es H. Cordes		
	Name of Person		-
C & F	H Property Group, LLC		
	Firm/Company		_
3523	Waterchase Way West		
	Address		_
Jacks	sonville, FL 32224		
	City/State and Zip Code		-
charle	es.cordes@gmail.com		
E	E-mail address: (to be used for future ann	nual report notific	ation)
For fu	ther information concerning this matter,	, please call:	
Charl	es H. Cordes	407 at (456-1262
	Name of Person	·	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi: P.O.	stration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

INHS18 (2/14)

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.

. Na	me of the limited liability company: San Pablo Ac	quisiti	ons, LLC			
. (a)	Principal office address of limited liability company:	(b)	oiling	address of limited liability company:	
	(Note: MUST BE STREET ADDRESS) 3523 Waterchase Way West		(Note: MAY BE POST OFFICE BOX 3523 Waterchase Way West			
	Jacksonville, FL 32224		Jacksonv	ille,	FL 32224	
	6/10/2015		L15000108	399	15000100899	
(a)	Date of filing/registration in Florida William E. Barfield	4.	Γ	Ocui	ment number	
(a)	Registered Agent and Registered Office shown on the records of 225 S. Westmonte Drive	the Florid	da Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) Suite 300	ADDRES	<u>(S)</u>		部 5 页部 二	
	Altamonte Springs, FI	32714	1		FIL JUL 30	
(b)	Blackburn & Company, L.C.				FILED 130 PH	
\ -/	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		2: 18	
	5150 Belfort Rd				>>	
	NEW Registered Office Address: Bldg. 500					
	Jacksonville, FI	3225	6			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member