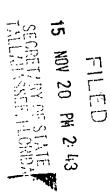
## 150003/8

Office Use Only



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NOV 23 2015 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CMCWH, LLC	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Robert L. Jones :	<u>III</u>
Jimerson & Cobb, P	!.A.
One Independent Drive Address	, Suite 1400
Jacksonville, FL 32202 City/State and Zip Code	TO SEE TO
City/State and Zip Code	<b>一方</b>
Fones @ Jimeson (obb. Los E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Robert L. Jones III  Name of Person	at ( 904 ) 389-0050  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	, = 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Enclosed is a check for the following	; amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INDES 18 (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.

1. Na	ame of the limited liability company:	1, LL	. <u>C</u>		
2. (a)	103 S. 9th St.	<b>y</b> (b)	584	Horse Thi	tf Lane
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ` '		failing address of lin	nited liability company:
			•		
	Amelia Island, FL 32034	_ _	<u> </u>	ingo, CO	8(30)
	06/18/2015		L1500	0106748	
3.	Date of filing/registration in Florida	4.		Document numb	er
5. (a)	Jones, Robert III				
` ,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:	•
	5150 Belfort Road Building 50	10			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>		IS 5
					ES & n
	Take	221	<i></i>		型型型
	<u>Jacksonville</u> , FL	322	96		经20 m
(b)	Jones, Roberth.III		•		路見せ
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		ST. ~
	One Independent Drive, Suite NEW Registered Office Address:	1400	ļ		5 T
16 d 1	JackSonville, FL imited liability company is not organized under the law	322		wide it is hereby	confirmed that after
the cha agent v was/we	imited hability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility con f the limi	tered office mpany, it is ted liability	e and the business thereby confirme y company or as	s office of the registered ed that the change(s)
<del></del>	The files		HACE	Printed or typed na	me of signee
	une of a member or authorized representative of a member		in aliin ne :		U
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a chapge in the registered office address, I h d in writing of this chapge.	ee to act performa I for in C nereby co	in this capt ince of my hapter 605 infirm that	acity. I further a duties, and I am j , F.S. Or, if this the limited liabil	gree to comply with the lamiliar with and accept document is being filed ity company has been
Signatu	are of Registrosed Agent				
	Division of Comparations P.O. F	2nv 6327	• Tallahac	see. FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)