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| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| (Bu | siness Entity Na | me) | | |
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| Certified Copies | _ Certificate | s of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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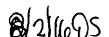




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SECRETARY OF STATE
TALLAHASSEE, FLORING



COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | | | | | |
|--------|--|----------|-------------------|--|------------------------------------|----------|---|
| SUBJ | CCMM INTERNATIONAL LL | С | | | | | |
| | | of Lim | nited Lial | oility Company | | | |
| Dear S | Sir or Madam: | | | | | | |
| The er | nclosed Registered Agent/Registered Offic | e Chan | ge and fe | e(s) are submitted for filing. | | | |
| Please | return all correspondence concerning this | matter | to the fo | llowing: | | | |
| Rich | ard L. Skeen | | | | | | |
| _ | Name of Person | | - | - | | | |
| The | Skeen Law Group, P.A. | | | | | | |
| | Firm/Company | | - | _ | | | |
| 2450 | Hollywood Boulevard, Suite 105 | | | | 1VII 03S | ಕ | |
| | Address | | _ | - | · ART | : الج | Ţ |
| Holly | /wood, FL 33020 | | | | RETARY OF STATE AHASSEE, FLORIC | 29 | |
| | City/State and Zip Code | | - | _ | F \$1. | P# 2: | |
| richa | ard@skeenlawoffice.com | | | | | မ္တ | |
| _ | E-mail address: (to be used for future annu | ial repo | ort notific | ation) | 3.0 | <u> </u> | |
| For fu | urther information concerning this matter, | please | call: | | | | |
| Rich | ard L. Skeen | _ at (_ | 954 | 300-1529 | | | |
| | Name of Person | _ ** (_ | | Area Code & Daytime Telepho | ne Number | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | Reg Div P.O | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 | | | |
| | Enclosed is a check for the following | amoun | nt: | | | | |
| | ■ \$25 Filing Fee | | □ \$5 | 5 Filing Fee & Certified Copy | | | |
| INHS | 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. N | ame of the limited liability company: CCMM International | ational | LLC | | |
|----------------------------|---|---|--|---|---|
| 2. (a) | | (ŀ |) | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (* | | Mailing address of limite | |
| | 2450 Hollywood Boulevard, Suite 105 | | 2450 Ho | ollywood Bouleva | ard, Suite 105 |
| | Hollywood, FL 33020 | _ | Hollywo | od, FL 33020 | |
| | 08/07/2015 | | L150001 | 35116 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | The Skeen Law Group, P.A. | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of t | he Florida | Dept. of State | - e: | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | 2 | - | SEC 55 |
| | 1816 Harrison Street, Suite 4 | | | | 置旨用 |
| | Hollywood , FL | 3302 | 20 | - | L 29 LARYO ASSEE |
| (b) | The Skeen Law Group, P.A. | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office ad | dress: | | 2: 38 TATE ORIDA |
| | NEW Registered Office Address: | | | - | |
| | 2450 Hollywood Boulevard, Suite 105 | | | - | |
| | Hollywood , FL | 330 | 20 | _ | |
| the ch agent was/w | limited liability 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 liater authorized by an affirmative vote of the members of organization or the operating agreement of the | the reginability confirmation the limited | stered office ompany, it i nited liabilit liability con | e and the business of s hereby confirmed y company or as oth npany. | office of the registered that the change(s) herwise provided in |
| | | Cra | aig Clymo | re by Richard L. | |
| I here provis the obto mou | above of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change. The property of Registered Agent | ee to ac perform d for in (hereby c | t in this cap ance of my Chapter 60: onfirm that | Printed or typed name acity. I further agr. duties, and I am fan 5, F.S. Or, if this do the limited liability | aa ta aammhu with tha |