## L15000172160

(Re	questor's Name)							
(Ad	dress)							
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(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
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(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#: 130661/033

Re: CPC JACKSONVILLE SJTC, 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.

2. (a)	800 VANDERBILT BEACH RD  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	NAPLES	34108						
	10/09/2015			L150001	72160			
3.	Date of filing/regist	ration in Florida	4.		Document nu	ımber		
5. (a)	SALVATORI, WOOD, BU	ICKEL, PL						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	9132 STRADA PLACE					<b>三百</b>		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
						745 TO	manus des de	
	NAPLES	F	L 34108		_	SET OF PR	ν,	
					<del></del>		Taribanan Taribanan Taribanan	
(b)	Corporation Service Compa	any			_	\$5 N		
	Enter name of NEW Registered A	gent and/or NEW Registere	d Office add	ress:		1.08/DA	1	
						,		
	1201 Hays Street			<del></del>	_			
	NEW Registered Office Address:							
	Tallahaana		. 00004		_			
	Tallahassee	, F	L 32301		<del></del>			
the cha agent v was/we	imited liability company is no inge or changes are made, the vill be identical. Or, in the ca ere authorized by an affirmati cles of organization or the op	Florida street address of a Florida limited live vote of the members perating agreement of the	of the regist liability con of the limi e limited li	ered office inpany, it ted liabilities ability con	ce and the busing is hereby confi ity company or	ness office of t rmed that the	he registered change(s)	
Signa	ture of a piember or authorized repr	esentative of a member				d name of signee		
provisi the obl to mere notified	by accept the appointment as ions of all statutes relative to igations of my position as regularized a change in the regular writing of this change.  The of Registered Agent Corporat	the proper and completed agent as provide sistered agent as provide sistered office address, in the contract of the contract o	e performa led for in C I hereby co	nce of my hapter 60 nfirm thai	pacity. I furthe duties, and I a 5, F.S. Or, if th the limited lia irby, Assistan	im familiar wil his document i bility company	th and accept is being filed y has been	

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