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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

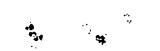
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Add	dress:	:
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## LLC REGISTERED AGENT CHANGE CHRANE FL PROPERTIES L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

DEC 10 2010



## · COVER LETTER

TO:	Registration Section
	Division of Corporations

ľO:	Registration Section Division of Corporations		·
SUBJE	CHRANE FL PROPERTIES I	L.L.C.	
SUBJE	Name	of Limited	Liability Company
Dear Si	ir or Madam:		
The en	closed Registered Agent/Registered Offic	e Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to th	ne following:
Chey	enne Moseley		
	Name of Person		<del></del>
Legal	Izoom.com, Inc.		
	Firm/Company		<del></del>
101 N	N. Brand Blvd., 10th Floor		
_	Address		
Glend	dale, CA 91203		
<del></del>	City/State and Zip Code		
•	ivers@aol.com		
h	-mail address: (to be used for future annu	ial report no	otification)
For fu	rther information concerning this matter, p	please call:	
Chey	enne Moseley	800 at (	
	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		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	S25 Filing Fee		\$55 Filing Fee & Certified Copy

## 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.

L N	ame of the limited liability company: CHHANE FI				
2. (a)	13621 Perdido Key Drive Unit 1703 W		13621 P	erdido Key Drive Unit 1703 W	
()	Principal office address of limited liability company:		/ <u></u>	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	( <u>Note: MUST BE STREET ADDRESS)</u> PENSACOLA, FL 32507		DENIGAC	COLA, FL 32507	
	PENSACOLA, I L 32307		FENSAC	JOLA, 1 E 32307	
	11/16/2015	<del></del>	L1500019	3814	
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	—
	lane M. Rivers				
5. (a	Registered Agent and Registered Office shown on the records of 13621 Perdido Key Drive Unit 1703 W.	the Florid	a Dept. of State;		
	Registered Office Address <u>MUST BE FLORIDA STREET</u>	ADDRES.	27		
	PENSACOLA , FI	32507			
				ZON DEC 13	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office au	ldress:	ALL PER	
	green marke of the province of the state of	<u> </u>		ASS.	
	UNITED STATES CORPORATION AGENT	rs, inc			
	NEW Registered Office Address:				
	5575 S. Semoran Blvd., Suite 36			A HE ON THE PARTY OF THE PARTY	
	Orlando Fi	32822	<u> </u>	> =	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the regi iability c of the lin	stered office ompany, it is nited liability	and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided i	red
	Jane M. Givers	Jai	ne M. River	S Printed or typed name of signee	
I here provis the ob to met notifie	parties of a member or duthorized representative of a member representative of a member representative of a member representative of a member representative of the proper and complete itigations of my position as registered agent as provide rely reflect a change in the registered office address, I are it in writing of this change.  CHEVENNE MOSELEY, ASSISTANT SECRETATION AGENTS, INC.	e perforn ed for in hereby c	t in this capa iance of my d Chapter 605, confirm that ti	cuv I further agree to comply with	the tept led