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☐ PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Do	cument Number))					
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Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:						
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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#: 130661/031

Re: CPC JACKSONVILLE SJTC HOLDING, 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.

1. N	ame of the limited liability con	npany: <u>CPC JACKSO</u>	NVILLE SJT	C HOLDING, LLC		
2. (a)	800 VANDERBILT BEACH ROAD Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	NAPLES	34108				
3.	01/11/2016 Date of filing/registr	ation in Florida	L 4.	16000004506 Document n	umber	
٠.			7.	Document in	umoci	
5. (a)		····	6.1 M +1 N			
	Registered Agent and Registered Of	fice shown on the records o	t the Florida De	pt, of State:		
	9132 STRADA PLACE, 4TH					
	Registered Office Address (MU)	ST BE FLORIDA STREET	ADDRESS)			
					₹ \$4: 	
	NAPLES	, F	1. 34108		○ 5	
		, .	<u> </u>			
(b)	Corporation Service Compa	ny				
• • •	Enter name of NEW Registered Ag	ent and/or <u>NEW Registere</u>	d Office addres	<u>s</u> :		
					5 72	
	1201 Hays Street			<u>. </u>		
	NEW Registered Office Address:					
	Tallahassee	F	L 32301			
the cha agent was/w	imited liability company is not ange or changes are made, the will be identical. Or, in the case ere authorized by an affirmativicles of organization or the open	t organized under the la Florida street address of se of a Florida limited la re vote of the members crating agreement of the	aws of the Sta of the register liability comp of the limited e limited liab	ed office and the busi any, it is hereby conf I liability company or	iness office of the registered firmed that the change(s) r as otherwise provided in	
Signa	ture of a member or authorized repre-	sentative of a member			ed name of signee	
noujie	by accept the appointment as it ions of all statutes relative to the ligations of my position as region to the reflect a change in the region within a change of this change of the corporation of Registered Agent Corporation	Kubi a		this capacity. I furthe of my duties, and I property of the following the first that the limited like E. Kirby, Assistan		
	<u>-</u>	f Corporations P.O.		-		

FILING FEE: \$25.00