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(City/State/Zip/Phone #)								
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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#: 130661/032

Re: CPC JACKSONVILLE SJTC HOSPITALITY, 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.	Na	me of the limited liability company:	CPC JACKSON	VILLE S.	ITC HOSPI	ITALITY, LLC	
2.	(a)	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	_			
•		01/11/2016		· <u> </u>	L1600000		
3.		Date of filing/registration in	i Florida	4.		Document number	
5.	(a)	SALVATORI, WOOD & BUCKEL					
		Registered Agent and Registered Office show	wn on the records of th	he Florida	Dept. of State	::	
		9132 STRADA PLACE, 4TH FLOO	DR				
		Registered Office Address (MUST BE F	LORIDA STREET A	DDRESS)			
		NAPLES	, FL_	34108			
(b)	(b)	Corporation Service Company					6
		Enter name of NEW Registered Agent and/	or NEW Registered (Office add	ress:	الله الله الله الله الله الله الله الله	∄
		1201 Hays Street				22 7m 05 32 65 22 7m = (73
		NEW Registered Office Address:					
							cis:
		Tallahassee	, FL_	32301			
the age wa	char ent w s/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a life re authorized by an affirmative vote cles of organization or the operating	street address of t Florida limited lial of the members of	the regist bility con the limi imited li	ered office npany, it is ted liability ability com	and the business offices hereby confirmed that company or as otherw	e of the registered the change(s)
S	ignat	ure of a member or authorized representative	of a member	<u> </u>	11111, 7 1011101	Printed or typed name of si	gnee
pro the to i noi	ovisio obli mere ifie u	by accept the appointment as register ons of all statutes relative to the properties of my position as registered by reflect a change in the registered by writing of this change.	per and complete pagent as provided office address, I he	performa for in C ereby co	nce of my a hapter 605, nfirm that t	ncity. I further agree to luties, and I am familia , F.S. Or, if this docum the limited liability con by, Assistant Vice Pr	r with and accept tent is being filed apany has been