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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	s of Status				
Special Instructions to Filing Officer:					
	dress) by/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates				





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SEURETARY OF STATE.

K.SALY EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CCM101 INVESTMENTS, L	LC				
20202	Name of Limited Liability Company					
Dear S	ir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ILEAN	NA MARRERO RODRIGUEZ					
	Name of Person	 -	_			
LUSK	(Y & RODRIGUEZ, P.A.					
	Firm/Company		_			
770 P	770 PONCE DE LEON BLVD SUITE 306					
	Address		_			
	City/State and Zip Code		_			
CORA	AL GABLES, FL 33134					
Е	-mail address: (to be used for future annu	al report notific	ation)			
For fur	ther information concerning this matter,	please call:				
ILEAN	NA MARRERO RODRIGUEZ	305	442-1245			
	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18	3 (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.	Na	me of the limited liability company: CCM101 INV	/ESTMENT	S, LLC
2.	(a)	1031 IVES DAIRY ROAD SUITE 228	(b) SA	AME AS PRINCIPAL ADDRESS
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		PLANTATION, FL 33324		
		04/07/2016	L16	000071795
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	LAMPARIELLO LAW GROUP, P.A.		
	()	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
		150 S PINE ISLAND ROAD SUITE 220		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
				<u>. </u>
		PLANTATION , FI	33324	
	(b)	LUSKY & RODRIGUEZ, P.A.		ZOIG JUN 30 SEURETARI
Enter name of NEW Registered Agent and/or NEW Registered Office address:				L1.1 L1.1
7		770 PONCE DE LEON BLVD SUITE 306		PF STA
		NEW Registered Office Address:		810)
		CORAL GABLES	33134	
the age was the	cha int w s/we arti	mited liability company is not organized under the lange or changes are made, the Florida street address of a florida limited linguistic authorized from affirmative vote of the members of the organization or the operating agreement of the	f the registered ability compar of the limited limited climited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. A MARRERO RODRIGUEZ
		un of member or authorized representative of a member	-	Printed or typed name of signee
pro the to r	visie obli nere	y accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	ree to act in the performance of for in Chapi the hereby confiring the confirmation that the confirmation	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Sig	natui	e of Registered Agent		

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