## 116000085958

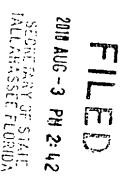
(Req	uestor's Name)	
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## COVER LETTER

TO:

TO: Registration Section Division of Corporations		•		
SUBJECT:				
Na	ime of Limite	d Liability Company		
Dear Sir or Madam:		. ,		
The enclosed Registered Agent/Registered Of	ffice Change	and fact y		
Please return all correspondence concerning the	his matter to t	the following:		
Maria Detwiler				
Name of Person		<del></del>		
CNA Finance LLC				
Firm/Company				
9605 NW 4 Street			₩ on	20
Address			EL A	2018 AUG
Coral Springs, FL 33071			<i>₩</i> 4.1	<u>ا</u> ک
City/State and Zip Code				<b>2</b> 177
mariadetwiler@gmail.com				2:42
E-mail address: (to be used for future annu	al report noti	fication)	5A 1	<del>1</del> 2
For further information concerning this matter, p		,		
Maria Detwiler	954 at (	330-6344		
Name of Person		Area Code & Daytime Telephone N		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	. ·	
Enclosed is a check for the following ar	nount:			
\$25 Filing Fee	•	5 Filing Fee & Certified Copy		
INHS18 (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

	9605 NW 4 Street  Principal office address of limited liability company:	(b) 9605 NW 4 Street						
	(Note: MUST BE STREET ADDRESS)  Coral Springs, FL 33071	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
			Cora	l Springs, FL 3	3071	VELICE	<u>BUX</u> )	
	05/02/2016							
	Date of filing/registration in Florida	-	L1600	0085958				
(a)	Maria Detwiler			Document nu	mber	<u> </u>		
	Registered Agent and Registered Office shown on the records of the Flo 11408 Royal Palm Boulevard	orida	Dept. of S	State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDR.	ESSI						
-	Coral Springs <sub>FI</sub> 3306	5				₹s:	2018	
, <b>N</b>	Maria Detwiler		<del></del>			7 (*) 2> (*)	8 AUG	•
ソ	nter name of NEW Registered Agent and/or NEW Registered Office:			<del>-</del> _		SYT	1	
	9605 NW 4 Street	ddro	<u>ess</u> :				3 PH	
_	IEW Registered Office Address:					073 1821	.; SE	
_	-22. Registered Office Address:			<del>-</del>		S TATE LORIDA	: 42	
C	Coral Springs, FL 33071			<b></b>				
limi	ted liability company is not organized under the laws of the or changes are made, the Florida street address of the reg be identical. Or, in the case of a Florida limited liability cauthorized by an affirmative vote of the members of the lings of the street of the lings.	Sta	ate of Flored	orida, it is hereby			after gistere e(s) ed in	d

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