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S. WARREN AUG 1 4 2017

còv.	'ER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: CHR OF FLORIDA LLC Name of Limited Liability Company		
Dear Sir 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:		
CHRISTOPHER HESC. N Name of Person		
CHR OF FLORIDALLLC Firm/Company		
2000 S. OCEAN DR. 1605 Address		
T. LAUDERDALE FL. 33316 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
2HRISTOPHER HZSLin at (954), 190-3695 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:		
\$25 Filing Fee	☐ \$55 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 Florida.
1. Name of the limited liability company: CHR OF FLOR, OA LLC
2. (a) CHROFFLORION (b) CHROFFLORION
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2000 S. OCEAN DR. 1605 2000 S.OCEANDR 160
FT. LAUDERDAZFL- FT. LAUDERDALZ FL.33
33316
July 20 2016 616000/36145
3. Date of filing/registration in Florida 4. Document number
5. (a) UNITED STATES COPPARATION AGENTS Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
オ
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 WINDING OAK CTA
TAMPA # 33617- 8 = =
(b) CHRISTOPHER HESLIN
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
2000 S.OCBANDR. 1605
FT. LAUDERDALZ FL 33316
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member CHRISTOPHER HUSLIN Printed or typed name of signee
Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent