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## COVER LETTER

SUBJECT: Convenience Development Partners LLC Name of Limited Liability Company				
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:				
EVAN WALTON Name of Person				
Convenience Development Partners LLC Firm/Company				
365 Park Forest DR Address				
Ponte Vedra FL 32081 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brennan Grogan at (501) 307-3397  Name of Person Area Code & Davtime Telephone Number				

## Enclosed is a check for the following amount:

STREET/COURIER ADDRESS:

☐ \$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

TO:

Registration Section
Division of Corporations

## 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	ame of the limited liability company: Canvenience Develop	ment Pardners LLC
2. (a)	(b)	
,	Principal office address of limited liability company: Ma	failing address of limited liability company:
		(Note: MAY BE POST OFFICE BOX)
	365 Park Forest DR 365	5 Park Forest DR
	Ponte Vedra FC 32081 Pont	e Vedra FC 3708
	7-21-16	000137416
3.		Document number
5. (a)	Brennan Grogan ES& Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	3300 PGA Blid Suite 430	
	Palm Beach Gardens FL 33140	
(b)	Brennan Grugan Esa	& & & & & & & & & & & & & & & & & & &
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	BICHNAN Gragan Esa NEW Registered Office Address:	2. Ha
		-
	11891 US fluy / Suite low	
	North Palm Beach 11. 33418	
If the li	imited liability company is not organized under the laws of the State of Flor	rida, it is hereby confirmed that after

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

EUAN WACTER

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 change 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