## 11000144173

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: CSC Pine Name of Limit	las 4 C2 C			
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:			
Paul Rohr Name of Person				
2160 Jagoon Drive				
Dunedin FL 34698				
·				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Paul Roh (7) Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
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 10114				
1. Na	ame of the limited liability company: <u>CSC Pinel/4S 4 LLC</u>			
2. (a)	Paul Rohr (b) Paul Roh	1		
(,	Principal office address of limited liability company: Mailing address of limited l			:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST		A .	
	2160/9900n Drive 2160/490	001	VI	<u>R</u>
	Dunedin FL 34498 Dunedin,	KL	3 <i>4</i>	69
	8/11/1	1	/ / /	~ ·
2	$\frac{014/7}{6000}$	14	41	
3.	Date of filing/registration in Florida 4. Document number			
5. (a)				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	300 fifth Ave South Suite 101-330			
	Naples , FL 34012			
		Φ		
(b)		SPAI	<u>ਤ</u>	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	1034	ÅON	T
	Que Robr	DIVISION OF CORPORATION	و	
	NEW Registered Office Address:	<del>-</del>	P	
	2160 lagoon Drive	ja N	원 다:	
		3	<u></u>	
	Dune (10 FL 34698	ın		
	limited liability company is not organized under the laws of the State of Florida, it is hereby contange or changes are made, the Florida street address of the registered office and the business office.			
agent v	will be identical. Or, in the case of a Elorida limited liability company, it is hereby confirmed the	at the ch	ange(	s)
was/w the art	vere authorized by an affirmative vote of the members of the limited liability company or as other ticles of organization of the operating agreement of the limited liability company.	wise pro	vided	l III
	Ray PAUC Roh	·		
Signa	ature of a member or authorized representative of a member Printed or typed name of	signee		
I here	eby accept the appointment as registered agent and agree to act in this capacity. I further agree	to comp	ly with	h the ccent
the ob	sions of all statutes relative to the proper and complete performance of my duties, and I am famil digations of my position as registered again as provided for in Chapter 605, F.S. Or, if this docu rely reflect a change in the registered affice address. I hereby confirm that the limited liability co	ment is	being	filed
notifie	ed in writing of this change.	mpuny I	00	U11
6:	19/4///			
Signan	ure of Registered Agent			

FILING FEE: \$25.00

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314