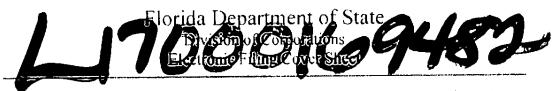
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000030786 3)))



H200000307863ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000080023 Phone : (614)280-3338 Fax Number : (954)208-0845 SECRETALL DE STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	addance.				
Email:	Address:	 	 	 	

LLC REGISTERED AGENT CHANGE CHC-2015 NORTH WICKHAM ROAD MELBOURNE FL LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

🕳 🕌 🗗

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.

l. N	Name of the limited liability company: CHC-2015 North	Wickhair	Road Melbou	ume FL LLC			
າ (n)	(b)				
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	201 MADEIRA AVENUE		201 Madeira Avenue				
	CORAL GABLES, FL 33134		Coral Gables, FL 33134				
	8/9/2017		L17000169482				
3.	Date of filing/registration in Florida	4.	- 1	Document number			
5. (;	Jose L. Torres, P.A.						
J. (t	Registered Agent and Registered Office shown on the records of	SECRETARY TALLAFE					
	Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	201 Madeira Avenue	201 Madeira Avenue					
	Coral Gables , FI	33134		G_{i}^{*}	22/11/2		
(ì	C T Corporation System	AMIII:40 OX STATE SEE, FL					
	Enter name of NEW Registered Agent and/or NEW Registered						
	NEW Registered Office Address:						
	1200 South Pine Island Road	1200 South Pine Island Road					
	Plantation, F	L_33324_	_	-			
ager the o	e limited liability company is not organized under the la change or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited be were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	iability c of the lir	ompany, it is nited liability liability con	s hereby confirmed that the c y company or as otherwise pa apany.	hange(s) rovided in		
	mature of a member or authorized representative of a member		Nat	talie Pickens-Authorized Person			
				Printed or typed name of signee	t tate atom		
prov the e to m notij	preby accept the appointment as registered agent and agestisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide a change in the registered office address, if the writing of they change. The Corporation System Sarah Revellements of Registered Agent	led for in I hereby o	Chapter 602 confirm that	acity. I further agree to com duties, and I am Jamiliar with 5, F.S. Or, if this document is the limited liability company	ply with the h and accept t heing filed has been		
Sign	nature of Registered Agenty						