## L18000190209

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



04/11/19--01024--007 \*\*25.00



R. WHITE APR 1 7 2019 T.O: Registration Section Division of Corporations

Gulf Coast CCM 5801, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen B. Straske II

Name of Person

Gulf Coast CCM 5801, LLC

Firm/Company

1306 W. Kennedy Blvd.

Address

Tampa, FL 33606

City/State and Zip Code

## sstraske@ferman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen B. Straske II	813 251-2765
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followin	g amount:
S25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

I. Na	me of the limited liability company:	CCM 58	01, LLC				
2. (a)	1306 W. Kennedy Blvd	(	(b) 1306 W. Kennedy Blvd.				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_,	Mailing address of I (Note: MAY BE		•	
	1306 W. Kennedy Blvd.		1306 W	/. Kennedy Blv	/d.		
	Tampa, FL 33606		Tampa,	FL 33606			
	August 8, 2018		L180001	90209			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	CT Corporation System						
( )	Registered Agent and Registered Office shown on the records of	of the Flori	la Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>.s)</u>	_	<i>t</i> 17	20	
	1200 South Pine Island Rd					2019 AFR	العنامت
	Plantation	<sub>7L</sub> _33324	1	_	;— · -	PR I I	6 8 
(b)	Stephen B. Straske II				-	PH	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	e <u>d Office</u> a	ddres <u>s</u> :	_	الم الم تركيم الم	5:   5	
	NEW Registered Office Address:						
	1306 W. Kennedy Blvd.			_			
	Tampa, I	-L_3360(	6				
the cha agent v was/we the arg	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members clos of organization or the operating agreement of the floring and the floring acceleration of the operating agreement of the floring and the floring acceleration of a member	of the reg liability of s of the lin te limited	istered offic company, it mited liabili liability cos	e and the busine is hereby confirm ty company or as	ss office ned that s otherwi	of the the cha se pro	registered ange(s) vided in

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 written of this change.

of Registered Agent Signature

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