K20 000032529

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COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	CECT: CENTURION S MEMBER LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Kriste	en Carter						
	Name of Person						
Paracorp Incorporated							
	Firm/Company						
2804	GATEWAY OAKS DRIVE #100						
	Address						
SACF	RAMENTO , CA 95833						
	City/State and Zip Code		- -				
PARA	ACORP@MYPARACORP.COM						
Е	-mail address: (to be used for future ann	ual report noti	fication)				
For fur	ther information concerning this matter,	please call:					
KRIS'	TEN CARTER	at (800	533-7272				
	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	Re Di P.	egistration Section vision of Corporations O. Box 6327 Illahassee, 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. Na	me of the limited liability company: CENTURION	S ME	MBER LLO	.C	
2. (a)		((b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3323 N.E. 163 STREET STE 403		3323 N.E. 163 STREET STE 403		
	NORTH MIAMI BEACH, FL 33160		NORTH MIAMI BEACH, FL 33160		
	02/03/2020		L200000)32529	
3.	Date of filing/registration in Florida	- 4.	·	Document number	
5. (a)	CORPORATE MAINTENANCE SERVICES	, LLC			
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	nic:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	55)	_	
	1000 BRICKELL AVE STE 400			_ 75 8	
	MIAMI , FL	3313	1	FIL SECRETAR TARES	
(b)	SETH G. COHEN, ESQ.				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	GRAYROBINSON, P.A.,			D 1 2: 25	
	NEW Registered Office Address:			_ <u>``</u>	
	301 E. PINE ST., STE. 1400			-	
	ORLANDO .FL	3280	1		
the cha agent v was/we the arti Signa I here provisithe obi to mer.	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete light of the change in the registered office address, I d in written of the change.	the regability of the lilimited	gistered office company, it is mited liability core. ETH G. CC	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. OHEN, ESQ. Printed or typed name of signce	
Signatu	re o Registered Agent				