L210003009415

(Requestor's Name)	
(Address)	!
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CCFL HOME, LLC		
	N	ame of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to t	he following:
Christin	ne Catizone		
	Name of Person	-	
CCFL	HOME, LLC		
	Firm/Company	5	
3151 S	Princeton Ave.		
	Address		
Chicag	o, 1L 60616		
	City/State and Zip Code		
ccatizo	ne@live.com		
E	-mail address: (to be used for future a	nnual report no	tification)
For fur	ther information concerning this matte	er, please call:	
Christii	ne Catizone	312 at (848-7084
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	ng amount:	
	■ \$25 Filing Fee	٥	\$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	ame of the limited liability company: CCFL HOME, LI	.C			
2	(a)	CCFL HOME, LLC	((b) CCFL HOME, LLC		
٠.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		3151 S. Princeton Ave.		3151 S. Princeton Ave.		
		Chicago, IL 60616	_	Chicago, II	, 60616	
		06/30/2021		L210003009	48	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)	SOUTHERN ATLANTIC LAW GROUP				
٦.	(a)	Registered Agent and Registered Office shown on the records of SOUTHERN ATLANTIC LAW GROUP	the Flori	In Dept. of State	- e:	
		Registered Office Address <i>(MUST BE FLORIDA STREET &</i> 99 6th St., SW	-			
		Winter Haven , FL	33880		- احري -	
					2821 D.:.	
	(b)				-	
Enter name of NEW Registered Agent and/or NEW Registered Office address:				<u>aaress</u> :	<u> </u>	
	SOUTHERN ATLANTIC LAW GROUP				 □	
		NEW Registered Office Address:	•			
		520 NW 6th St			<u>ာ</u> အ	
		Winter Haven, FI	33881		_	
cl aį w	nange gent v as/w ic art	timited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of igles of organization or the operating agreement of the with the law three of a member or authorized representative of a member	registe ability of of the li- limited	red office and company, it is mited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
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 the stered Apent						