## h21000362766

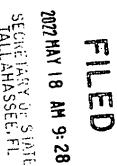
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Cassially American As Eiline Office
Special Instructions to Filing Officer:

Office Use Only



500387874585

#5/18/22--01910--014 **\*\***₹5.00



## **COVER LETTER**

TO: Registration Section Division of Corporations									
The Blaine Group SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.							
Please return all correspondence concerni	ing this matter to the	following:							
Latheli N Blaine									
Name of Person		<del></del>							
The Blaine Group									
Firm/Company	<del></del>	<u> </u>							
101 Alexander Rd									
Address		******							
Starke, FL 32091									
City/State and Zip Co	ode	<del></del>							
lathell@theblainegroup.com									
E-mail address: (to be used for futur	e annual report notif	rication)							
For further information concerning this m	atter, please call:								
RUBY LECITIVO ANDERSON	904 at (	376-5930							
Name of Person		Area Code & Daytime Telephone Number							
Mailing Address:		Street Address:							
Registration Section		Registration Section							
Division of Corporations	Division of Corporations								
P.O. Box 6327		The Centre of Tallahassee							
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the follo	wing amount:								
\$25 Filing Fee	<b>Q</b> \$:	□ \$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:  CCA UTILITY SI	UPPO	RT :	SERVIC	ES. LLC			
2. (a)	1177 PARK AVE		(b)	1177 PA	ARK AVE			
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address o		•	
	5-187			5-187				
	ORANGE PARK, FL 32073	<del></del>		ORANG	GE PARK, FL 320	73		
	08/12/2021		I	.2100036	52766			
3.	Date of filing/registration in Florida	4.	-		Document nur	mber		
5. (a)	UNITED STATES CORPORATION AGENTS, INC							
(-)	Registered Agent and Registered Office shown on the records of t	he Flo	rida l	Dept. of S	tate:			
	5575 S SERMONRAN BLVD					SE	25	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					TAL	2022 MAY 18	~~~
	36				<del></del>	LAA	ΑΥ <u> </u>	Carrier Carrier A B
	ORLANDO , FL	3282	2		<del></del> -	TARY OF	8 AH	
(b)	LATHELL N BLAINE					E E E E E	ڢ	O
( )	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:		<u></u>	28	
	101 ALEXANDER RD							
	NEW Registered Office Address:				<del></del>			
	STARKE , FL	3209	1		<del>_</del>			
change agent was/we the arti  Signal  I herei provisi the oblito mere	imited 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 lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member of a mem	regist bility f the imite	erec con limit d lia	office and pany, it ed liability co	and the business of is hereby confinitive company or a property of the printed or typed	office of the med that the as otherwise name of sign	ne regi ne char ne prov	stered nge(s) vided in

Signature of Registered Agent