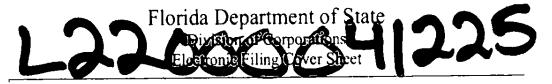
Division of Corporations

→ 18506176383



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.

(((H22000154598 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Phone

Account Number : I20100000062

: (888)705-7274

Fax Number

: (888)706-7274

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

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## LLC REGISTERED AGENT CHANGE CPI LEESBURG III LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	01
Estimated Charge	525.00

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Corporate Filing Menu

Help

INHS18 (2/14)

COVER LETTER .						
TO: Registration Section Division of Corporations						
SUBJECT: CPI LEESBURG III LLC						
Name of Limited Liability Company,						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Mary Castillo						
Name of Person						
Registered Agent Solutions, Inc.						
Firm/Company						
Corporate Center One, 5301 Southwest Pkwy, Ste 400						
Address						
Austin, TX 78735						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mary Castillo 888 705-7274						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
□ \$25 Filing Fee  □ \$55 Filing Fee & Certified Copy						

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## 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.

lame of the limited liability company:	PI LEESBUR	G III LL	.C			
195 NORTH STREET	()	, 195 N	NORTH	STREE	ΞT	
Principal office address of limited liabili (Note: MUST BE STREET ADD	ity company:	٠,	`	ess of limited   		
SUITE 100		SUIT	E 100			
TETERBORO, NJ 07068	8	TETE	RBOR	O, NJ 0	7068	
1/21/2022		L2200	004122	25		
Date of filing/registration in F	lorida 4.		Document	t number		
BUSINESS FILINGS INC	CORPORATE	D				
Registered Agent and Registered Office shown			ate;			
1200 SOUTH PINE ISLA	AND ROAD	·.	, ' <u> </u>			
	AND ROAD Drida street addres	<u>za</u> 	<u> </u>			
Registered Office Address (MUST BE FLO	ORIDA STREET ADDRES		· ·		2(	
					2022	
PLANTATION  Pegistered Agent Solution	DRIDA STREET ADDRES			24 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	2022 APR 2	FII
Registered Office Address (MUST BE FLO	ons, Inc.	24	<del></del>		28	FILED
PLANTATION  Registered Office Address (MUST BE FLO	ons, Inc.	24	· · · · · · · · · · · · · · · · · · ·		28 AM	FILED
PLANTATION  Registered Office Address (MUST BE FLO  PLANTATION  Registered Agent Solution  Enter name of NEW Registered Agent and/or	ons, Inc.	24	· · · · · · · · · · · · · · · · · · ·		28	FILED
PLANTATION  Registered Agent Solution  Enter name of NEW Registered Agent and/or  155 Office Plaza Dr.	ons, Inc.	24	· · · · · · · · · · · · · · · · · · ·		28 AM	FILED

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/	Michael Hanson			
_		 	 •	

Michael Hanson

Authorized Signer

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

Printed or typed name of signee

Thereby accept the appointment as registered agent and agree to act in this copacity. 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 movible. It is writing of this above. notified in writing of this change.

Signature of Registered Agent