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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE CP PRO SERVICES LLC

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Fax: 18134365206

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.

L N	ame of the limited liability company: CP PRO SERVIC	CES LLC					
2. (a)	1740 Tallahassee drive	(b)	(b) 1740 Tallahassee drive				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)		Mailing address of limited habiti (Note: MAY BE POST OFF)			
	Daytona Beach, Florida		Daytona B	each, Florida			
	32117		32117				
		Ĺ	.220001871	40			
3.	Date of filing/registration in Florida	— _{4.} -		Document number			
	CAICEDO EDMIN						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Stat	- e:			
	191 NW 97TH AVENUE						
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRESS)		-			
	APT 521						
	MIAMI F	L 33172		2025 APR SE 699 13	`		
(b)	Registered Agents Inc			APR 2			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:		m 		
	7901 4th St N				0		
	NEW Registered Office Address:		-	3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.			
	STE 300			- -			
	St. Petersburg	33702 L					
the cha agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist inbility con of the limi e limited li	tered office mpany, it is ted liabilit	e and the business office of s hereby confirmed that the y company or as otherwise	the registered change(s)		
Signa	sture of a member or authorized representative of a member			Printed or typed name of signe	:		
provis the ob- to mer natifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e performa ed for in C Thereby co	in this cap nce of my hapter 603 nfirm that	acity. I further agree to co duties, and I am familiar w s, F.S. Or, if this document the limited liability compa	nply with the ith and accept is being filed iy has been		
Signati	David Roberts - Assistant S	Secretary					