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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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SECRETARY OF STATE
DIVISION OF CORFORATION

COVER LETTER

Division of Corporations			
SUBJECT:	CFC	WPB, LLC	
	Name of Limited		any
Dear Sir or Madam:			
The enclosed Registered Agent/l	Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this m	atter to the follo	wing:
Denise Name of Pers			
Name of Fels	on.		
NRAI Corporate Firm/Compar			
16055 Space Center	Blvd., Ste. 235	·	
Houston, TX			
City/State and Zip	o Code		
dbell@nra E-mail address: (to be used for future	i.com annual report notificati	on)	
For further information concerni	ng this matter, ple	ase call:	
Denise Bell	at (_	800)	862-5438
Name of Person		Area Code &	& Daytime Telephone Number
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for	the following amo	ount:	
\$25 Filing Fee		\$55 Filing 1	Fee & Certified Copy

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	CFO WPB, LLC				
2. (a) Principal office address of limited liability company	100 Waugh, Ste. 600 🙍				
(Note: MUST BE STREET ADDRESS)	Houston, TX 77007				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
04/05/2004	M04000001305				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	CT Corporation System				
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address:	NRAI Services, Inc. 515 East Park Avenue				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL32301				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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. Signature of a member or authorized representative of almember					
Victor Alfano Printed or typed name of signee	-				
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company NRAI Services, Inc.	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.				

Signature of Registered Agent Denise Bell, Asst. Secy.