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(Re	equestor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies	_ Certificate:	s of Status					
Special Instructions to Filing Officer:							
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SECRETARY OF STATE



NATIONAL Corporate Services, LLC

April 15, 2009

Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: CS Pines Plaza, LLC

Dear Filing Officer:

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Denise Bell

Assistant Secretary

Encl.



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.

1. The name of the limit	ited liability comp	pany is: CS Pines P	laza, LLC				
2. The mailing address	of the limited lial	bility company is:		-			
3850 Hollywood Blvd, #40	00, Hollywood, FL	33021					·
06/28/2004			M04000002537				
3. Date of filing/registration in Florida		4. Document number					
5. The name of the regis Florida Department o	stered agent and to	he registered office	address as shown or	the re	ecords	of the	
	Robert M. Corn						
		Name					
	3850 Hollywoo						
		Address					
	Hollywood, FL	33021 City, State and Zi	n			_	
		•	•		AE(9	CHEST AND ADDRESS OF THE PERSON AND ADDRESS
6. The name and address	s of the new regis	stered agent and/or of	office:		AE AE	APR 21	9 3
	NRAI Services,	Ina			ETARY	\sim	
	INIVAL Services,	Name			SE		Established E
	2731 Executive	Park Drive, Suite 4			EE F	=	į
		address (P.O. Box	NOT acceptable)		STATE	AH 11: 07	The same
	Monton	EI aaaa			3.0	17	
	Weston	FL 33331 City, State and Zip					
		•					
If the limited liability co- confirmed that after the and the business office of liability company, it is hof the members of the li- or the operating agreement.	change or change of the registered a tereby confirmed imited liability coent of the limited	es are made, the Floagent will be identice that the change(s) was otherward liability company.	rida street address of al. Or, in the case of vas/were authorized	f the re f a Flo by an	egistere rida lin affirma	d offi nited itive v	ote
(Signature of a member of author	orized representative of	1 2 mbernoer)					
Robert M. Cornfeld (Printed or typed name of signe	e)						
I hereby accept the approximate the provision and I am familiar with a Chapter 608, F.S. Or, it address, Lhereby confirm NRAI Services, Inc. (Signature of Registered Agent) Denise Bell, Asst. Secy.	ointment as regis ons of all statutes nd accept the obl this document is methat the limited	relative to the prop ligations of my posit being filed to mere liability company l	er and complete pêrj ion as registered ag ly reflect a change n as been notified in v	formar ent as n the r vriting	I furthence of i provid egister of this	er agr ny dui ed for ed offi chan	ee to ies, in ce ge
Denise Bell, Asst. Secy.		ons. P.O. Box 6327	Tallahassee FI 3	17314			

FILING FEE: \$25.00

INHS18 (8/05)