## M040000003541

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

Office Use Only



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04/22/09--01003--001 \*\*

\*\*25.00

O9 APR 21 PM 5: 07
SECRETARY OF STATE

D. BRUCE

APR 2 2 2009

**EXAMINER:** 



April 15, 2009

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

RE: CP Deerfield, 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

Enci.

O9 APR 21 PM 5: 07
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

## 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 limited liability company is: CS College	e Parkway, LLC	
2. The mailing address of the limited liability company is:		
3850 Hollywood Blvd, #400, Hollywood, FL 33021		
	NO.400000544	
O6/28/2004  3. Date of filing/registration in Florida	M04000002541  4. Document number	
5. Date of fining/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:	e address as shown on the records of	the
Robert M. Cornfeld		
Name	•	
3850 Hollywood Blvd., #400		
Address	SECRETA ALLAHA	) ,
Hollywood, FL 33021	≥≈ ₹	ית ;
City, State and Z	AN A	
6. The name and address of the new registered agent and/or	office:	· [
NRAI Services, Inc.	E P	
Name	STATE CORID.	
2731 Executive Park Drive, Suite 4	RATE 07	1.
Florida street address (P.O. Box	NOT acceptable)	
Weston FL 3333		
City, State and Zi	p	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	orida street address of the registered cal. Or, in the case of a Florida limit was/were authorized by an affirmati	office ted ve vote
Robert M. Cornfeld	_	
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company NRAI Services. Inc.	gree to act in this capacity. I further per and complete performance of my ition as registered agent as provided ely reflect a change in the registered has been notified in writing of this c	agree to duties, for in office hange.
(Signature of Registered Agent) Denise Bell, Asst. Secy.		
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314	
FILING FEE: \$2	5.00	

INHS18 (8/05)