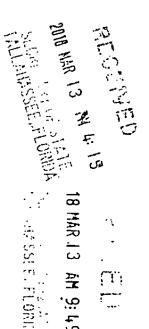
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Account#: I20000000088

Date: Warch 13, 2018	'	
Name: Marisa Kugelmann		
Reference #: C021434		
Entity Name: CSDVR	S, LLC	
Articles of Incorporation/Authorizat	ion to Trar	sact Business
Amendment		
✓ Change of Agent	1	
Reinstatement	 	
Conversion		
Merger	!	
☐ Dissolution/Withdrawal	1 	
☐ Fictitous Name	!	
Other	 - 	
Authorized Amount: \$25.00 Signature: Mousake	<u> </u>	

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800.221.0102 -1.212.947.7200 **©**EUROPEAN HQ

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2018

COGENCY GLOBAL MARISA KUGELMANN

SUBJECT: CSDVRS, LLC Ref. Number: M06000006756

We have received your document for CSDVRS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00004991

www.sunbiz.org

Division of Comparations D.O. DOV 6997 Tollahassas Florida 9991

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

Pursuant to the provisions of sections 605.0114, 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.

•	i		
1. Name of the limited liability company: †	CSDVRŠ, L	LC	
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDR	l bility compan		
			· · · · · · · · · · · · · · · · · · ·
(b) Mailing address of limited liability confiders: MAY BE POST OFFICE B		595 Menlo Drive Rocklin, CA 95756.	
December 7, 2006	_	M06000006756	
3. Date of filing/registration in Florida	-	4. Document number	
5. (a) Registered Agent and Registered Off	ice shown on	the records of the Florid	a Dept. of State:
Registered Agent:		CogencyGlobal	
Registered Office Address:		115 N Calhoun St.,	Ste 4
1		Tallahassee, FL 323	301
(b) Enter name of NEW Registered Age	nt and/or <u>NE</u>	W Registered Office ac	idress:
NEW Registered Agent:		COGENCY GLOBAL	INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET AL	in RECC	115 North Calhoun S	t., Suite 4
MOST BE PEORIDA STREET AL	DKESS/	Tallahassee	,FL 32301
If the limited liability company is not organize confirmed that after the change or changes and the business office of the registered agentiability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	re made, the F it will be iden the change(s for as otherw	lorida street address of t tical. Or, in the case of a	the registered office a Florida limited
/s/ Sherri Turpin	<u> </u>	_	582
Signature of a member or authorized representative of a me	mber		
Sherri Turpin		_	5- 6
Printed or typed name of signee I hereby accept the appointment as registere comply with the provisions of all statules reland I am familiar with and accept the obliga Chapter 605, F.S. Or, if this document is be address, I hereby confirm that the limited liance of the confirmation of the co	1	l.	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
Signature of Registered Agent Sean Honan, Assis	stant Secreta	ry	
Division of Corporations	s, P.O. Box 6.	27, Tallahassee, FL 3	2314
FII	LING FEE: S	7 25.00	

INHS18 (12/13)