

**M0800000732**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ALLSTATE CORPORATE SERVICES CORP  
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**LLC REGISTERED AGENT CHANGE  
CCS COMMERCIAL, LLC**

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D. BRUCE

((H130000242053))

**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. Name of the limited liability company: CCS Commercial, LLC
2. (a) Principal office address of limited liability company: Two Wells Avenue  
(Note: MUST BE STREET ADDRESS) Newton, MA 02459
- (b) Mailing address of limited liability company: Two Wells Avenue  
(Note: MAY BE POST OFFICE BOX) Newton, MA 02469
- 02/11/2008 MO8000000732
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 US

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr. Suite A

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

FL 32301

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 a member

Bleve Hodge

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**