(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Doci	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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~ 2 7 2016

*~ULKER* 

September 19, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 10161056 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

CSX IP, LLC (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

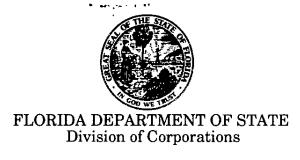
If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com





September 20, 2016

CT CONNIE R BRYAN

SUBJECT: CSX IP, LLC

Ref. Number: M09000001948

We have received your document for CSX IP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 816A00020100

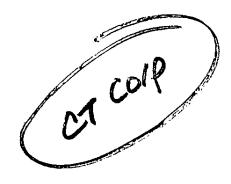
TECELVED

OF THE SHARE

TO SEP 26 PH 3: 05

SUFFICIENCY OF FILMS

\*RE-SUBMIT\*
Please retain original filing date of submission 9/19



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

شراحيا سوي

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	Principal office address of limited liability company:	(b)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited li (Nate: MAY BE POST (		
		<del></del>				
	5/21/2009		M09000001	948		
	Date of filing/registration in Florida	4.		Document number		
(a)	CORPORATE CREATIONS NETWORK, INC.					
(4)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Stat	de:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>551</u>	_		
	11380 PROSPERITY FARMS ROAD #221E					
	PALM BEACH GARDENS	L 33410		_		
	, r	L	<del></del>	<del>-</del>	11	······································
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_		(A)
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:		5, 7. 25	0
	C T Corporation System				SHASSEE TE	IS SEP 19 AH
	NEW Registered Office Address:			-		<u> </u>
	1200 South Pine Island Road				ر نسر نشک	œ
	Planet			<b></b>		#== #ED
	Plantation , FI	L_33324		_	• •	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)