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(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	 e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	CD139 GP, LLC				
301301		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and fce(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the following:			
Linda	G. Kassof				
	Name of Person				
Tauru	us Investment Holdings, LLC				
	Firm/Company				
610 N	N. Wymore Rd Suite 200				
	Address				
Maitla	and, FL 32751				
	City/State and Zip Code				
tvo@	tiholdings.com				
F	E-mail address: (to be used for future ann	ual report notification)			
For fu	rther information concerning this matter,	please call:			
Linda	G. Kassof	407 640-4412			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following	amount:			
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHSI	8 (2/14)				

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

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

1. Na	nme of the limited liability company: CD139 GP, I	LLC		
2. (a)	610 N. WYMORE RD SUITE 200	_(b) 610 N.	(h) 610 N. WYMORE RD SUITE 200	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MAITLAND, FL 32751	MAITLA	AND, FL 32751	
	05/12/2010	M10000	002163	
3.	Date of filing/registration in Florida		Document number	
5. (a)	CT CORPORTATION SYSTEMS			
). (u)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of St	ate:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_	
	PLANTATION , F	33324	_	
(b)	LINDA G. KASSOF		2019 JUL 29 SECREATIAN	
• •	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		
	610 N. WYMORE RD		<i>(</i>)	
	NEW Registered Office Address:			
	SUITE 200		_ 2: 57	
	MAITLAND, F	L ³²⁷⁵¹	_	
the cha agent v was/we the appro- Signa	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	of the registered offiliability company, it of the limited liabil e limited liabil ty co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. ASSOF Printed or typed name of signce	
provisi the obl to mer no y fie	hy accept the appointment as registered agent and agions of all/statutes relative to the proper and completing allows of my position as registered agent as providely reflect a change in the registered office address, leading of this change.	gree to act in this ca e performance of m ed for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signatu	ire of Registered Agent			