7/11/2017

M10 000003237

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE

CMAX NDSE OF WEST PALM BEACH LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

JUL 12 2017
J. HARRIS

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMAX NDSE OF WEST PALM BEACH LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

CMAX Finance LLC
Firm/Company

747 North Milwaukee Ave, Suite 105
Address

Libertyville, IL 60048
City/State and Zip Code

JD.Sheldon@cmaxllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JD SHELDON at (312) 445-0609
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

INHS18 (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. Name of the limited liability company: CMAX NDSE OF WEST PALM BEACH LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1555 PALM BEACH LAKES BLVD., SUITE 300
WEST PALM BEACH, FL 33401

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
747 N. MILWAUKEE AVE. STE 105
LIBERTYVILLE, IL 60048

3. 07/22/2010 Date of filing/registration in Florida

4. M10000003237 Document number

5. (a) Registered Agent and Registered Office chosen on the records of the Florida Dept. of State
CORPORATION SERVICE COMPANY
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
2017 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JD Shelton
Printed or typed name of member

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 605, 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.

By: C T Corporation System
Signature of Registered Agent

Jennifer Quinn, Assistant Secretary

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

INDSIS (2/14)