## M1100000 806

(Re	questor's Name)	-
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del></del>
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
		<u></u>
Special Instructions to	Filing Officer:	

Office Use Only



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08/15/13--01018--005 \*\*25.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: August 13, 2013

Order#: 752283-032

Re: CC3 MEZZ C, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

13 AUG 15 AM 8: 56 SECRETARY OF STATE TALLAHASSEE, FLORID

## 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: <u>CC3 MEZZ C</u> ,	LLC	
<ol> <li>(a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)</li> </ol>	ny: 450 S Orange Ave Orlando, FL 32801	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	, <del>(1911 - 1</del>	
02/16/2011	M11000000806	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	on the records of the Florid	la Dept. of State:
Registered Agent:	Amy J Patterson	
Registered Office Address:	450 S Orange Ave	'منو
	Orlando, FL 32801	<b>5</b> 0, -
	<u> </u>	
(b) D. A	EW Docistored Office of	AH: G
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>		See Cit &
NEW Registered Agent:	Corporation Service Co	mpany
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of entical. Or, in the case of (s) was/were authorized b wise provided in the articles.	the registered office
Signature of a member or duthorized representative of a member		
Dona Priebe, Authorized Representative Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability complete.  By:	uny nas been nonniea in w	city. I further agree to ormance of my duties, ent as provided for in the registered office oriting of this change.
Signature of Registered Agent Corporation Service Company		
Division of Cornerations P O Roy	6377 Tallahassaa III 3	3731 <i>4</i>

**FILING FEE: \$25.00** 

Grace Kirby, Asst VP