## H110001961

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
J. HORNE
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JUN 1 4 2022
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1022 JUN 13 PM 3:3

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	). : I2000000195
REFERENC	CE : 732116 8087058
AUTHORIZATIO	ON Smelled and
COST LIMI	T : \$25.00
	·
ORDER DATE : June 8, 2022	
ORDER TIME : 12:47 PM	
ORDER NO. : 732116-022	
CUSTOMER NO: 8087058	
<u>CHANGE OF</u>	AGENT
NAME: CS CWR HOLD	DINGS LLC
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:
CERTIFIED COPY	
XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Bak	ter
	EXAMINER'S INITIALS:

## 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.

2. (a)	47 College Street		(b)	ONE VAI	NCE GAP RD
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
				Attn: Lega	al Dept.
	ASHEVILLE, NC 28801			ASHEVIL	LE, NC 28805
	04/19/2011		ħ	и1100000	1967
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	CORPORATE CREATIONS NETWORK, INC.				
J. (u)	Registered Agent and Registered Office shown on the records of 801 US HWY 1	f the Flor	ida I	Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)		. <b>20</b>
	NORTH PALM BEACH, F	L_33408			FIL 2022 JUN 13 SECRETARY FALLAHASSET
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AMIO: 45	
	Corporation Service Company				9. <b>1.</b> 5.
	NEW Registered Office Address:				-
	1201 Hays Street				-
	Tallahassee , F	L_32301			_
change agent w was/we the artic	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li e limited	red on mit lia	office and pany, it is ed liability bility com	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in pany.  rized Person
Signat	ure of a member or authorized representative of a member				Printed or typed name of signee
					icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or. if this document is being filed he limited liability company has been

Signature of Registered Agent
Grace E. Kirby, Asst. Vice President of Corporation Service Company

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

Drace t-Kuble