

7/100000 2729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

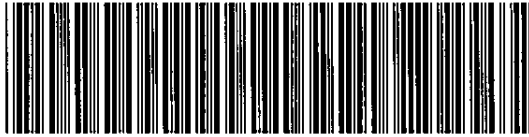
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/19/13--01003--012 **25.00

RECEIVED
13 AUG 19 AM 11:26
DIVISION OF CORPORATE AFFAIRS

FILED
13 AUG 19 PM 3:33
AUG 20 2013
D. BUTLER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CCD PR NO 11 LLC

FILED
18 AUG 19 PM 3:33
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA
Name _____ Date 08/19/13 Time AM

Walk-In _____ Will Pick Up _____

AUG 20 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCD PR NO 11 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:

D. JUSTIN NILES, ESQUIRE

Name of Person

D. JUSTIN NILES, P.A.

Firm/Company

200 W. PALMETTO PARK ROAD, SUITE 301

Address

BOCA RATON, FLORIDA 33432

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. JUSTIN NILES

Name of Person

at (561) 869-1710

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

FILED
18 AUG 19 PM 3:33

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.

RECEIVED
AUG 11 2011
PM 3:33

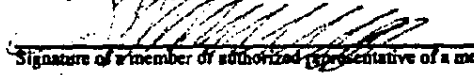
1. Name of the limited liability company: CCO PR NO 11 LLC
2. (a) Principal office address of limited liability company: 1563 SAN IGNACIO AVENUE
CORAL GABLES, FLORIDA 33148
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 1563 SAN IGNACIO AVENUE
CORAL GABLES, FLORIDA 33148
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: MAY 27, 2011
4. Document number: M1100002729

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: CT CORPORATION SYSTEM
- Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: JOSE BAKALI
- NEW Registered Office Address: 1563 SAN IGNACIO AVENUE
(MUST BE FLORIDA STREET ADDRESS) CORAL GABLES, FL 33148

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 of authorized representative of a member

JOSE BAKALI

Printed or typed name of signer

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 608, 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.



Signature of Registered Agent

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