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(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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K.SALY EXAMINER MAK 30

ATEMENT 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. N	ame of the limited liability company: CJ Mediterra	, LLC	
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1400 Gulfshore Blvd. North #305		
	Naples, FL 34102		
	12/19/2012	M12	2000007165
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HL Statutory Agent, Inc.		
J. (a,	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	5811 Pelican Bay Blvd., Suite 650		20 11
	Naples , FI	34108	2016 MAR 28
(b)	Tom Chronister		28
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	NEW Registered Office Address:		
	1400 Gulfshore Blvd. North #305		
	Naples . FI	34108	
the ch agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the State f the registered iability compa of the limited c limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act in the performance ed for in Chape hereby confire	,, ,
Signat	ure of Registered Agent		