Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

## LLC REGISTERED AGENT CHANGE CAH 2014-1 EQUITY OWNER, LLC

Certificate of Status	0
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S Warren

AUG 23 2018

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## 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.

(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)
	8665 E Hartford Dr Suite 200		
	Scottsdate, AZ 85255	<del></del>	
	2/25/2014	M1400000	01303
	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate:
	Corporation Service Company		<del></del>
	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	1000	- 2
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	C T Corporation System		STAI OR
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, FI	33324	
ne cha gent v as/we ne arti	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ability company, it of the limited liability content of the liability conte	ce and the business office of the registal is hereby confirmed that the change(s) ity company or as otherwise provided impany.
	ture of a member or authorized representative of a member		Printed or typed name of signee
Signa			
Signal herei rovisi ne obl mere otifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	ree to act in this ca performance of my d for in Chapter 60, hereby confirm tha	pacity. I further agree to camply with of duties, and I an familiar with and act 15. F.S. Or, if this document is being fit the limited liability company has been

, 'c

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