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R. WHITE
JAN 13 2020

## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT	CHP SAWGRASS INVESTORS, L	LC		
	Name of Limited Liability Company			
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please retur	rn all correspondence concerning th	is matter to the	following:	
JEFF KRIN	SKY			
	Name of Person		<del></del>	
PANTHER	CAPITAL MANAGEMENT, LLC			
	Firm/Company		_	
1172 S. Dix	tie Hwy. Ste. 502			
	Address		<del></del>	
Coral Gable	es, FL 33146			
	City/State and Zip Code		_	
JKrinsky@p	pantherem.com			
E-ma	il address: (to be used for future ann	ual report notifi	cation)	
For further	information concerning this matter,	płease call:		
Ayax Christ	topher	305 at (	374-1753	
	Name of Person	ar (	Area Code & Daytime Telephone Number	
Re Di P.(	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
En	closed is a check for the following	amount:		
	\$25 Filing Fee	□ Si	55 Filing Fee & Certified Copy	

## 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)	(b)					
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of	ng address of limited liability company:  te: MAY BE POST OFFICE BOX)	
	333 S MIAMI AVE STE 150 MIAMI, FL 33130		333 S M	IIAMI AVE STE 15	50 MIAMI, FL 33130	
	11/12/2014	<del></del>	M140000	008180		
3.	Date of filing/registration in Florida	4.		Document num	ber	
5. (a)	PANTHER MANAGEMENT SERVICES, LLC					
()	Registered Agent and Registered Office shown on the records	of the Flori	la Dept, of S	tate:		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u></u>			
	333 S MIAMI AVE STE 150				~>	
	Miami	FL. 33130			2919 [	
				<del></del>		
(b)	Enter name of NEW Registered Agent and/or NEW Registe	and Office of	dd-see.	_	~	
	Enter name of NEW Registered Agent and/or NEW Register	rea Omice 2	<u>aaress</u> :		3	
					<del></del>	
	NEW Registered Office Address:					
	1172 S. Dixie Hwy. Ste. 502		<del></del>			
	Coral Gables	FL <sup>33146</sup>				
change igent v was/we he arti	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization or the operating agreement of the member of authorized representative of a member	the registe I liability of rs of the li the limited	red office a ompany, it nited liabi	and the business o t is hereby confirn lity company or as ompany.	ffice of the registered ned that the change(s) s otherwise provided in	
l here provisi he obt	by accept the appointment as registered agent and a joins of all statuted relative to the proper and completions of my position as registered agent as providely reflected change in the registered office address, d in whiting of this change.	agree to ac ete perforn ided for in . I hereby (	et in this co nance of m Chapter 6 confirm the	apacity. I further a	avree to comply with the	

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