

MIS000005744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

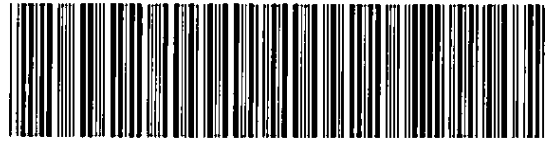
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300368616203

REGISTERED

2021 JUN 28 PM 4: 05

CALLAHAN

9 AM 11: 20

STATE

JUN 28 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 883076 7477555

AUTHORIZATION :

COST LIMIT :

David E. ...
\$25.00

ORDER DATE : June 28, 2021

ORDER TIME : 3:13 PM

ORDER NO. : 883076-015

CUSTOMER NO: 7477555

CHANGE OF AGENT

NAME: CP LOGISTICS WESTVIEW, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.

1. Name of the limited liability company: CP Logistics Westview, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>8775 Folsom Blvd., Suite 200</u> <u>Sacramento, CA 95826</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>8775 Folsom Blvd., Suite 200</u> <u>Sacramento, CA 95826</u>
--	--

3. <u>7/21/15</u> Date of filing/registration in Florida	4. <u>M15000005744</u> Document number
---	---

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent Solutions, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

JUL 23 11:20 AM '15
 STATE
 OFFICE
 FL

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 or authorized representative of a member

Richard Jacavino
 Printed or typed name of signee

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 605, 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