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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

			_
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LLC REGISTERED AGENT CHANGE CBBC OPCO, LLC

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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.

Na	me of the limited liability company: CBBC OPCO, LLC	<u>.</u>					
(a)	404 N INGRAHAM AVE	(h	(b) 404 N INGRAHAM AVE				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	LAKELAND, FL 33801	_	LAKELAND, FL 33801				
		_					
	06/14/2017		M17000005060				
	Date of filing/registration in Florida	4.	Document number				
(a)	PHILIP WHITING						
(4,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:				
	Registered Office Address	<u>DDRESS</u>	 !				
	404 N INGRAHAM AVE						
	LAKELAND , FL	33801					
(b)	C.T. Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office adv	lress:				
	NEW Registered Office Address:		22				
	1200 South Pine Island Road						
	Plantation	33324	FILED JAN 20 PH				
	,1 L_						
cha nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regise bility confithe time time.	tered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.				
	ure of a member or authorized representative of a member	Kim	berly Bowens Printed or typed name of signee				
erel visi obl. nere	oy accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the composition of this change. CT Corporation System	ee to act perform I for in (ereby co	in this canacity. I further gorge to comply with the				