

PD4000122716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

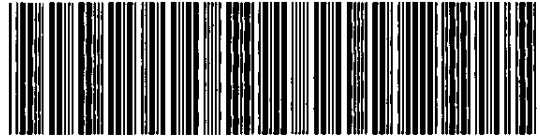
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 7 2009

EXAMINER



**CAPITOL
SERVICES**

**Statement of Change of Registered Office
or Registered Agent or Both for
Corporations**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 12/1/2009
STATE: FLORIDA
REP UNIT: CHC-SPC OPERATOR, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #18369 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

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TALLAHASSEE, FLORIDA

Capitol Corporate Services, Inc.
Registered Agent Services



13-5974M

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHC-SPC OPERATOR, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000122716

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Homer
(Name of Contact Person)

Capitol Corporate Services, Inc.
(Firm/Company)

800 Brazos, Suite 400
(Address)

Austin, Texas 78701
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Myra Homer at (800) 345-4647
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHC-SPC OPERATOR, INC.
2. The principal office address: 4 West Red Oak Lane, Ste 201
White Plains, NY 10604
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/24/2004 Document number: P04000122716
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rebak, P.A., Joseph L
Four Seasons Tower, 1441 Brickell Ave, 15th FL
Miami, FL 33131


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
(P.O. Box NOT acceptable)
Tallahassee Florida 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Mitchell Storer, Manager
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

11-30-09
(Date)

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)