

PO41000122716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

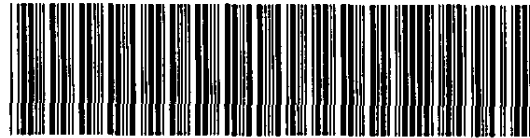
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/14/13--01021--017 **10.00

Blach
AUG 20 2013
R. WHITE

FILED
13 AUG 14 AM 9:45
SECRETARY OF STATE
TREASURY DIVISION



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

08/12/2013 - ADDITIONAL \$10.00 FEE ENCLOSED

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327/079

Re: CHC-SPC OPERATOR, INC.

08/14/13--01021--017 **10.00

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Evelyn Wright
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2013

CSC-WILMINGTON
ATTN: EVELYN WRIGHT
2711 CENTERVILLE ROAD STE 400
WILIMINGTON, DE 19808

SUBJECT: CHC-SPC OPERATOR, INC.
Ref. Number: P04000122716

We have received your document for CHC-SPC OPERATOR, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

The total amount due is \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 113A00018331

**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, Suite 2014, White Plains, NY 10604
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/24/2004 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: (If resigned, enter resigned)

Capitol Corporate Services, Inc.

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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

Corporation Service Company

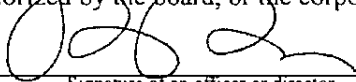
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Dona Priebe, Vice President

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.

Corporation Service Company

By: 

Signature of Registered Agent

07/03/2013

Date

If signing on behalf of an entity:

Elizabeth A. Dawson, Asst. Vice President

Typed or Printed Name

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