P060000222954

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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RACharse Thewis 11-19-10

COVER LETTER

TO: Amen Divisi	ndment Section ion of Corporations	
SUBJECT:_	CFFLP, II	TC.
	Name of Co	rporation
DOCUMENT		00022954
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:
1 louse lotuin	an conceptioned concerning and matter	io no rono mg.
	Harold I H	arkins .lr
Harold L. Harkins, Jr. Name of Contact Person		
Harking & Associatos		
Harkins & Associates Firm/Company		
	3450 Buschwood P	ark Dr. Suite 112
3450 Buschwood Park Dr., Suite 112 - Address		
	Tompo El	22610
Tampa, FL 33618 City/State and Zip Code		
	harold@harkin: E-mail address: (to be used for fu	soffice.com
	E-mail address: (to be used for fu	ture annual report notification)
For further in	formation concerning this matter, please ca	ıtl:
	Harold L. Harkins, Jr.	at (813) 933-7144
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Departn	nent of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

. .

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida are to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: CFFLP, Inc.
2. The principal	office address: 3450 Buschwood Park Dr., Suite 112
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 2/13/2006 Document number: P06000022954
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Harold L. Harkins, Jr.
	2803 W. Busch Blvd., Suite 112
	Tampa, FL 33618
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	same 2
	3450 Buschwood Park Dr., Suite 112 P.O. Box NOT acceptable
	Tampa, FL 33618
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, lbe identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Jono Cd. Signatu	Harold I Harkins Ir President re of an officer or director Harold I Harkins Ir President
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	Harold L. Harkins, Jr., Registered Agent Chatter of Registered Agent
If signing on be	chalf of an entity:
Harold	L. Harleins dr yped 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)