## - P14000054142

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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificate:	s of Status		
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Office Use Only



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05/13/16--01023--010 \*\*35.00



sliver

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the la	aws of the State of Florida	
1. The name of	the corporation: CPC MEMPHIS MIDTO	WN MANAGER,	, INC.	
	office address: MI TRAIL N, SUITE 300, NAPLES, FL 3			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/20/2014	Document	t number: P14000054142	
	istreet address of the current registered a timent of State: (If resigned, enter resigned)		red office on file with the	
	STORY JOHN B			
	5150 TAMIAMI TRAIL N, SUITE 300			
	NAPLES	FL	34103 二派 富	-
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) ar	<u> </u>	TI
	Corporation Service Company			
	1201 Hays Street		(2) 31 32 -	-
	P.O. Box NOT	acceptable FL		<b>3</b> 0
The street addre	ess of its registered office and the street a be identical.	address of the bu	usiness office of its registered ager	ıt,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of cified in writing	directors or by an officer so of the change.	
Sonah	re of an officer or director	Jill Cilmi, Vice	President ted or typed name and title	
I further agree a performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and a is document is being filed merely to reflet that the corporation has been notified in Service Company	d agree to act in ites relative to the ccept the obliga	this capacity. he proper and complete tion of my position as registered	
By:	ace Cokyble	05/09/2016	Date	
~	half of an entity:		Duit	
Grace E. Kirby,	Assistant Vice President			
Т	yped or Printed Name			

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