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(R	lequestor's Name)	
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(C	city/State/Zip/Phone	e #)
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(D	ocument Number)	
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SEURETARY OF STATE TALLAHASSEE, FLORIDA



T. LEMIEUX



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscinfo.com

Date: March 19, 2015

Order#: 535517/003

Re: CGI 1100 BISCAYNE MANAGEMENT HOLDCO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Janis M. Smith 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

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.

1.	Name of the limited liability	company: CGI 1100 BI	SCAYNE MANA	GEMENT HOLDCO, LLC	
2 (2) _801 Brickell Avenue, Suit	e 700	(b)		
2. (0	Principal office address	address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BO)			
	MIAMI	FL 33131			
	07/12/2013		L13	3000099723	
3.	Date of filing/reg	distration in Florida	4.	Document number	
5. (Mark Scott				
<i>5.</i> (Registered Agent and Registere	ed Office shown on the records	of the Florida Dept.	of State:	
	200 C DICCAVALE DOLL	II EVADO Cuita 2000	-		
	200 S. BISCAYNE BOU Registered Office Address		ET ADDRESS		
	Registered Office Address [MUST BE TLURIDA STREE	:I ADDRESS)		
					-T
	MIAMI		EI 22121		λ <u>ι</u> 55
	MINIMU	,	FL 33131	_ _	KAR CRED CAHU
а	Comparation Comics Com				FIL FIL R 24 R 24 R ASS
(b	Corporation Service Con Enter name of <u>NEW Registere</u>		red Office oddress:		
	Enter hanc of MEW Registere	a Agent and/or MEW Register	rea Office address.		
	400411 01 11				FLO
	1201 Hays Street				<u> </u>
	NEW Registered Office Addre	SS:			O O O
					
	Tallahassee		FL 32301		
					
If the	limited liability company is	not organized under the	laws of the State	of Florida, it is hereby cor	nfirmed that after
agent	nange or changes are made, to will be identical. Or, in the	ne rionga street adoress case of a Florida limited	or the registered	office and the business of	nce of the registered
was/v	vere authorized by an affirm	ative vote of the member	s of the limited l	iability company or as othe	erwise provided in
the a	ticles of organization or the	operating agreement of t	he limited liabili	ty company.	-
			Dona Prie	ebe, Authorized Person	
Sig	nature of a member wanthorized re	epresentative of a member		Printed or typed name o	f signee
provi the o to me	eby accept the appointment sions of all statutes relative bligations of my position as i rely reflect a change in the i ed in writing of this change.	to the proper and comple registered agent as provi registered office address,	agree to act in th te performance ded for in Chapt I hereby confirm	is capacity. I further agree of my duties, and I am fami er 605, F.S. Or, if this doc n that the limited liability c	to comply with the liar with and accept ument is being filed ompany has been
Sign	Mrs & Registered Agent Compa	ration Company	DV: Culuia	Overnet Acct Vice Pres	nidant

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00