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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#: 535517/007

Re: CGI 55 MM MANAGEMENT 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.	Nam	e of the limited liability company: CGI 55 MM MAN	AGEMENT LLC	
2 (a	, 8	01 Brickell Avenue, Suite 700	(b)	
<i>~,</i> (α	•/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	_	Mlami, FL 33131		
		09/16/2013	L13000	130192
3.		Date of filing/registration in Florida	4.	Document number
5. (a) _	Raoul Thomas		_
	,	egistered Agent and Registered Office shown on the records of th	e Florida Dept. of St	rate:
		801 Brickell Avenue, Suite 700		
	_	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	
	•	<u> </u>	,	
	_			
		Miami , FL	33131	20 5
	_	, , , , , , , , , , , , , , , , , , , ,		MAR
/1) (Corporation Service Company		HAZ
(L	· -	nter name of NEW Registered Agent and/or NEW Registered C	Office address:	FILE PILE ARY ASSE
				Eng. PH. ED
	,	1201 Hays Street		FLC
	_	NEW Registered Office Address:		: 38 TATE ORIDA
	-	Tallahassee FL	32301	~
	_	rananassee , FL_	32301	-
the c agen was/	hang t wil were	ited liability company is not organized under the laws ge or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of es of organization or the operating agreement of the li	he registered offi pility company, it the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
	j		Dona Priebe,	Authorized Person
Sig	nation	e of a member suthorized epresentative of a member		Printed or typed name of signee
provi the o	ision bliga erelv	accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided preflect a change in the registered office address, I he writing of this change.	e to act in this ca erformance of m for in Chapter 60 creby confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed ut the limited liability company has been
Signs	ature	of Registered Agent Corporation Service Company	RY: Sylvia One	ennet Asst Vice President

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