

M0800001715

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EDWARDS WILDMAN PALMER LLP
Account Number : 075410001517
Phone : (561)833-7700
Fax Number : (561)655-8719

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC REGISTERED AGENT CHANGE
CGW MOLA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: CGW MOLA, LLC

2. (a) Principal office address of limited liability company: c/o Goodrich, LLC

(Note: **MUST BE STREET ADDRESS**)

525 Okeechobee Blvd., Ste. 1000
West Palm Beach FL 33401

(b) Mailing address of limited liability company: c/o Goodrich, LLC

(Note: **MAY BE POST OFFICE BOX**)

525 Okeechobee Blvd., Ste. 1000
West Palm Beach FL 33401

04/09/2008
3. Date of filing/registration in Florida

MD8000001715
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State:

Registered Agent: Angell Corporate Services, Inc.

Registered Office Address: 525 Okeechobee Blvd., Ste. 1600
West Palm Beach FL 33401

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11 05:30
8:42
TALLAHASSEE
FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office** address:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee FL 32301

I, the undersigned, the limited liability company, hereby certify that the above information is true and correct. I am the authorized representative of the limited liability company and the undersigned is the registered agent of the limited liability company. I am hereby authorized to execute this statement and to file it with the Department of State on behalf of the limited liability company.

[Signature]
Signature of authorized representative of limited liability company

Stanley L. Clark, Manager
Title of authorized representative of limited liability company

~~I hereby certify that the above information is true and correct. I am the authorized representative of the limited liability company and the undersigned is the registered agent of the limited liability company. I am hereby authorized to execute this statement and to file it with the Department of State on behalf of the limited liability company.~~

[Signature]
Juzanne T. Bryan Ass. Sec.
Division of Corporations, P.O. Box 622, Tallahassee, FL 32312
FILING FEE \$25.00