P95000037891

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only Gale Zip) Hone #)					
PICK-UP WAIT MAIL					
3.					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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TALLAHASSEE, FLORIDA
14 OCT 23 PM 12: 1.6

RAPRO Change



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese kboese@cscinfo.com

Date: October 21, 2014

Order#: 299542/035

Re: CGT PROPETIES, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Katie Boese

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 CORPORATIONS

statement of cha	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or re	organized under the la	ws of the State of F	Florida	
1. The name of	the corporation: CGT PROPERTIES	, INC.		, ,	
2. The principal	office address: 777 South Flagler D	rive, Suite 1101E, C/	O The Goodman C	ompany	
	address (if different):				
4. Date of incor	poration/qualification: 05/12/1995	Document	number: P950000	37891	
	d street address of the current registe rtment of State: (If resigned, enter re-		ed office on file wi	th the	
	Silvestri, Lawrence A	1 880.0			
	777 S. Flagler Dr., Suite 1101E				
	West Palm Beach	FL	33401	SEC TALL	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company			PH E	
	1201 Hays Street			ED OF STATE E. FLORID PH 12: 46	
	P.O. Box Tallahassee	NOT acceptable FL	32301	A	
	ess of its registered office and the st be identical.				
Such change wa authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	pted by its board of on notified in writing of	directors or by an o of the change.	officer so	
0	28 2	Dona Priebe, V	/ice President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi on Service Company	et and agree to act in	ed or typed name and title this capacity. ne proper and comp tion of my position he registered office change.		
By:	nature of Registered Agent	10/21/2014	10/21/2014 Date		
	half of an entity:		17410		
	t, Asst. Vice President				
	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