Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

FMS11	Address:	 	 <u> </u>

LLC REGISTERED AGENT CHANGE SG CAPITAL GROUP - FLORIDA, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

4/21/2016 2:25:39 PM From: To: 8506176383(2/2)

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.

2. (a)	والمستقدان والمراب المستود والمستقدة والمرابات والمستقدان والمستقدان والمستقدات والمستقد	-	(h)	و در و دربر نوخود بودن کا هندان نوخود کا در		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY HE POST OFFICE BOX)			
	800 VILLAGE SQUARE CROSING, SUITE 356		800 VILLAGE SQUARE CROSING, SUITE 356			
	PALM BEACH GARDENS, FL 33410		PALM BE	EACH GARDENS, FL 33410		
	07/20/2012		L12000094	224		
i.	Date of filing/registration in Florida	4.	. 1447 704 44604	Document number		
. (B)				_		
•	Registered Agent and Registered Office shown on the records of t NRAI SERVICES, INC	he Flori	da Dept, of Stat	e:		
	Registered Office Address (MUST BE FLORIDA STREET A	ESD	, ***			
	1200 South Pine Island Road			2016 APR		
	Plantation F1.	33324	and the state of t			
	. 1-1.			ASS P 2		
(b)						
•	Enter name of NEW Registered Agent and/or NEW Registered	Office #	ddress:	FS A		
	C T Corporation System			FILED 2016 /PR 21 A 4: 2: FORETARY OF STATE ARASSEF, FLORID		
	NEW Registered Office Address:	, A 12				
	1200 South Pine Island Road					
	Plantation , FL	33324				
ie char gent w as/wei ie arije	miled liability company is not organized under the law- nge or changes are made, the Florida street address of a fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the the reg bility of the fir imited	e State of Flo istered office company, it is mited liability liability com	e and the business office of the regist s hereby confirmed that the change(s y company or as otherwise provided ipany.		
Signa	are of a member or authorized representative of a member	He	nry Wineman,	Authorized Representative		
	y accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered affice address, I he in writing of this change poration System					

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