Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number 1 (850)617-6383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561)955-7600

: (561)338-7099

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

david@lgcapitalpartners.com Email Address:

REGISTERED AGENT CHANGE CMCOLL INVESTMENT, LLLP

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Corporate Filing Menu

STATE LORIDA Help

FILE THIRD

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

artnersh	to the provisions of section 620:111 ip or limited liability limited partne s registered office or registered ages	ranip submits the fol	lowing statement in order to
Ĕ.	CMCOLLIN	VESTMENT_	LLP.
·	Name of Limited Partnership	or Limited Liability Lin	mited Partnership
>	4/30/2012	3	A12000000242

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Plorida document number

33161

MIGUEL COLL Name 14545 J MILITARY TRAIL SOUTH #170 Address DELRAY BEACH, FL 33484 City; State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Date of filing/registration in Florida

DAVID B. SMITH Name 10800 BISCAYNE BLVD., SUITE 810 Plorida street address (P.O. Box not acceptable)

City, State and Zip

MIAMI

6. Such change(s) islare effective when filed by the Florida Department of State.

Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

Certified Copy (optional): \$52.50