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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CGF SCCUNTICS, LLC (Name of corporation)
DOCUMENT NUMBER: LOIOOOOOR898
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Jacobs (Name of person)
(Name of person)
CCT CHI TO THE STATE OF THE STA
CGF SCLUTTCS, LLC (Name of firm/company)
(Name of firm/company)
225 NE MIZNOV Blvd., Suit 750
(Addross)
Boca Raton, FL 33437
(City/state and zip code)
For further information concerning this matter, please call:
Monique Maclaten (Name of person) at (Stell) 367-7107 (Area code & daytime telephone number)
Enclosed is a \$35,00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

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 agent, or both, in the State of Florida.

1. The name of the limited liability company is: CGF SCUMTICS UCC

2. The mailing address of the limited liability company is: 225 NE MIZNO BWO

Suite 750 Boca Raton, FL 33437

Ala310

1. Document number

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

B & C Corporate Services, Inc.

Name

201 South Biscayne Boulevard, Suite 3000

Address

Miami, Florida 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

MICNOCO TOLOGO

Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33437

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby are solved agent and the Floride street address of the registered office and the Floride street address of the registered office.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a ffember or authorized representative of a member)

(Printed or typed name of signee)

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00