## 105000118415

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

Office Use Only

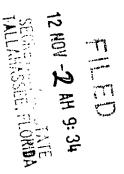


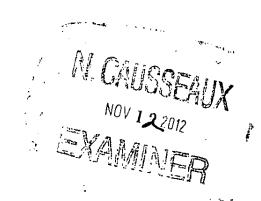
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105-118415

11/02/12--01013--027 \*\*25.00

Change of RA







MedReceivables Advisor Fin Mngmt 1108 E. Newport Center Dr. Deerfield Beach, FL 33442 Main 561.988.8890 Direct 561.880.6714 Fax 561.994.6277.

## **Fax**

To:	Nanette	From:	CGV Investments	- Pat Hildebrandt
Company:	Fl Dept of State Div. of Corporation	Pages:	5 -	
Fax:	850-245-6030	Date:	11/13/12	
RE:	Change of Agent	cc:		
□ Urgent	☐ For Review ☐ Please Comm	nent	☐ Please Reply	☐ Please Recycle
Documen	t # L05000118415			

Hi Nanette,

Here is a copy of the canceled check (front and back) along with all the original paperwork that was sent 10/30/12. Please call and let me know the status of the change. My direct # is 561-880-6701. My email is <a href="mailto:patricia.hildebrandt@medreceivables.com">patricia.hildebrandt@medreceivables.com</a>.

Thank you,

Pat

5617508225

Page 1

CGV investments, LLC
PO Box 812:170
Boca Raton, FL 33491
PM. 581-988-8890

PAY \*\*\*\* TWENTY FIVE & 0/190 DOLLARS
TOTHM on of Corporations
PO Box 6327
Tailahossee, FL 32314

#0001291# #087009A46# #0321003635#

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Tracer: 1000006065 - Amt: \$25.00 - 11/7/2012

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Tracer: 1000006065 - Amt: \$25.00 - 11/7/2012

Page: 4/5

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: CGV Inve	stments, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Donald T. Cohen						
Name of Person						
CGV Investments, LLC						
Firm/Company						
P.O. Box 8121	70					
Address						
Boca Raton, FL 33481-2170						
City/State and Zip Code						
patricia.hildebrandt@medi E-mail address: (to be used for future annual report hot(fi	ceceivables.com					
For further information concerning this matter, p	please call:					
Patricia Hildebrandt at Name of Person	( 561 ) 880 - 6701  Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301	,					
Enclosed is a check for the following amount:						
✓\$25 Filing Fee	\$55 Filing Fee & Conified Copy					

نز

## 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. 1	Name of the limited liability company:	CGV Investments, LLC	
2. (	<ul> <li>a) Principal office address of limited liability compared</li> </ul>	C/O Donald Cohen	
	(Note: MUST BE STREET ADDRESS)	1108 F. Newport Center Drive Deerfield Beach, FL 33442	
(	b) Mailing address of limited liability company:	C/O Donald Cohen	
	(Note: MAY BE POST OFFICE BOX)	P.O. Box 812170 Boca Raton, Fl. 33481	
	3/15/06	L05000118415	
3. I	Date of filing/registration in Florida	4. Document number	
5. (	a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
	Registered Agent:	National Registered Agents Inc 75	
	Registered Office Address:	P.O. Box 12432	
		Newark, NJ 07101-3532	
a	b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address: 52 99	
`	NEW Registered Agent:	Donald T. Cohen	
NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)		1108 East Newport Center Drive	
		Deerfield Beach ,FL 33442	
confi and t liabi of th or th	e limited liability company is not organized under the irmed that after the change or changes are made, the line business office of the registered agent will be identity company, it is hereby confirmed that the change(somewhere of the limited liability company or as other operating agreement of the limited liability company.	Florida street address of the registered office atteal. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization	
Signat	ure of a member or authorized representative of a member		
Printe	Donald T. Cohen d or typed name of signee	_	
	reby accept the appointment as registered agent and a live with the provisions of all statutes relative to the provisions of all statutes relative to the provision and accept the obligations of my poster 608, F.S. Or, if this document is being filed to me ess, I hereby confirm that the limited liability compand.	igree to act in this capacity. I further agree to oper and complete performance of new duties, sition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.	
Signa	ture of Registered Agent	•	