107000074293

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

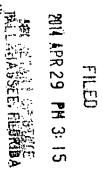
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Change

04/29/14~-01014--019 **25.00



5/8/14

COVER LETTER

•	· ·				
то:	Registration Section Division of Corporations				
SURJ	ECT:				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The c	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Pleaso	return all correspondence concerning the	his matter to the following:			
JUD	Y CULVER				
	Name of Person				
CLA	S INFORMATION SERVICES				
	Firm/Company				
2020	HURLEY WAY, STE. 350				
	Address				
SAC	RAMENTO, CA 95825				
	City/State and Zip Code				
jc@c	lasinfo.com				
	E-mail address: (to be used for future an	nual report notification)			
For fu	rther information concerning this matter	, please call:			
JUD	CULVER	800 447-6237			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

I. N	lame of the limited liability company: CD III, LLC		. 177607 10 84466		
2. (a)	% RERDONILLE	(b) %	(b) % BERDON LLP		
()	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	(+/_	Mailing address of limited liabil (Note: MAY BE POST OFF		
	360 MADISON AVE	3(10 MADISON AVE	TEE BUX)	
	NEW YORK, NY 10017	_ <u>N</u>	EW YORK, NY 10017		
	07/18/2007	LO	7000074293		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	GREENSPOON MARDER, P.A.		TE.	Z	
(Registered Agent and Registered Office shown on the records of 100 W CYPRESS CREEK RD	ot, of State:	FILED 3: 15		
	Registered Office Address (MUST BE FLORIDA STREET)		FHED R 29		
	STE 700			3 3	
	FT LAUDERDALE . FL	33309	بب ي		
	Enter name of NEW Registered Agent and/or NEW Registered 1200 SOUTH PINE ISLAND ROAD NEW Registered Office Address:		<u></u>		
	PLANTATION .FL	33324			
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of of organization or the operating agreement of the	the register ability comp of the limited	ed office and the business office of any, it is hereby confirmed that the I liability company or as otherwise	of the registered ne change(s)	
(AV ayley	CEDE	LLA MARLEY, MANAGER		
	ature of a member or a (t) orized representative of a member		Printed or typed name of sign		
provi: the ol to me notifi	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. It eatin writing of this change	ree to act in performanc d for in Cha hereby confi	this capacity. I further agree to c e of my duties, and I am familiar t oter 605, F.S. Or, if this documen rm that the limited liability compo	comply with the with and accept it is being filed any has been	
	Division of Corporations ◆ P.O. I	Box 6327◆ T	Fallahassee, FL 32314		

FILING FEE: \$25.00