## L07000074694

(Requestor's Name)							
(Address)							
(Address)							
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ						
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s 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	<del> </del>				
jc@d	clasinfo.com					
	E-mail address: (to be used for future ann	ual report notification)				
For fu	orther information concerning this matter,	please call:				
JUD,	Y CULVER	800 447-6237				
<del></del>	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:						
	<b> ■</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS	18 (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.

1.	Na	me of the limited liability company: CD FIRST, LLC	2		
2.	(a)	C/O BERDON LLP	(1	) C/O BE	RDON LLP
•	(~)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		360 MADISON AVENUE		360 MA	DISON AVENUE
		NEW YORK, NY 10017	NEW YORK, NY 10017		
		07/19/2007		L070000	74694
3.		Date of filing/registration in Florida	4.		Document number
5	(a)	GREENSPOON MARDER, P.A.			
٥.	(4)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of Stat	- e:
		100 W. CYPRESS CREEK ROAD, SUITÉ 700			<i>&amp;</i>
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			The Control of the Co
					APR S
		FT. LAUDERDALE	3309	)	22
		, ru,			
	(b)	NRAI SERVICES, INC.			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			5 3
		1200 SOUTH PINE ISLAND ROAD			
		NEW Registered Office Address:	····-	· · · · · · · · · · · · · · · · · · ·	-
		,			_
		PLANTATION EL C	33324	ļ	
the age	e cha ent v	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	s of the he reg pility of the lit imited	e State of Fl istered offic ompany, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to no	ovisi mer tifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change.	e to ac perform for in ereby c	et in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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