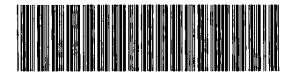
## L09000101306

(D)							
(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:							
<u> </u>							

Office Use Only



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26 RA Chang - 04/14/14

## **COVER LETTER**

TO:

то:	Registration Section Division of Corporations						
SUBJI	Car Charging Holdings, LLC						
.,0.50.	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
Miria	m Katz						
	Name of Person						
Vcorp	Services; LLC						
•	Firm/Company	<del></del>					
25 R	obert Pitt Drive, Suite 204						
	Address						
Mons	sey, NY 10954						
***************************************	City/State and Zip Code						
Mkat	z@Vcorpservices.com						
E	i-mail address: (to be used for future annu	ial report notification)					
For fu	ther information concerning this matter,	please call:					
Miria	m Katz	845 425-0077					
	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	closed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHSI	8 (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. N	ame of the limited liability company: Car Chargin	g Holding	is, LLC			
2. (a)	1691 MIGHICAN AVENUE, STE. 601	(b)	1601 MIGHICAN AVENUE STE 601			
()	Principal office address of limited liability company:		Mailing address of limited liability company:			
	(Note: MUST BE STREET ADDRESS)  Miami Beach FL 33139			(Note: MAY BE POST OFFICE BOX)		
	Wildliff Deach 1 C 03 109	<del></del> :	Miami Beach FL 33139			
	10/20/2009	·	_0900010130	)6		
3.	Date of filing/registration in Florida	4.	Doc	ument number		
5. (a)	THE BERNSTEIN LAW FIRM				•	
J: (u)	Registered Agent and Registered Office shown on the records of 1688 MERIDIAN AVENUE	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	SUITE 418	***************************************	***************************************		£-	
	MIAMI BEACH	33139			APR FI	
(b)	Vcorp Services, LLC			· · · · · · · · · · · · · · · · · · ·	ω <u>Π</u>	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				I U	
	5011 South State Road 7, Suite 106			÷.	2l ₽	
	NEW Registered Office Address:		•	σ, ,		
	Davie, i	FL_33314				
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members licles of organization or the operating agreement of the authorized or authorized representative of a member seby accept the appointment as registered agent and a	of the regis liability co s of the lim he limited l	tered office and mpany, it is her ited liability company hability hability company hability hability company hability habili	the business officeby confirmed the mpany or as other y.  The property of the	ce of the registered at the change(s) wise provided in	
provis the ob- to med notifie	eby accept the appointment as registered agent and a cions of all statutes relative to the proper and comple digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	Te performa ded for in C I hereby co	ince of my dutie hapter 605, F.S. onfirm that the l	es, and I am famili S. Or, if this docu limited liability co	iar with and accep ment is being filed mpany has been	
Signat	The Sivices Let Minar Column of Registered Agent?	2/1	ST X	cireagy		