13900010995H

(Red	questor'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:		

Office Use Only

G. MCLEOD

SEP - 7 2011

EXAMINER



400211662164

09/06/11--01014--003 **25.00

FILED
11 SEP-6 MILES9
SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: JOY DOGW. Name of Limite	EAR U.C. d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Valerie Vandenberg	,		
Jou Doblear LLC Firm/Company			
1825 N∈ 118 th Rd Address	<u> </u>		
North Miami, FL 33181 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Valerie Vandenberghe at (786) 371.7341 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 (5/08)

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. Name of the limited liability company:	CGWBIR LLC.
2. (a) Principal office address of limited liability company	y: 1825 NE 118th Rd
(Note: MUST BE STREET ADDRESS)	North Fliami, FL 33181
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Nov 13, 2009 3. Date of filing/registration in Florida	1 09 000 1 0 99 5 4 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Chris Banach
Registered Office Address:	1701 Coral Gandens Drive
	Wilton Manors, FL 33334
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Valerie Vandenberghe
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Nocth Miami FL 33181
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of granization
Carde VERSTRAETE Printed or typed name of signee	_ R ≥ M
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production and I am familiar with and accept the obligations of my performance of the production of the product	gree to act in this capacity. I from a gree to open and complete performance of my divises, sition as registered agent as provided of in rely reflect a change in the registered office y 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