## L10000 105699

| (Requestor's Name)                      |                    |      |  |  |  |
|---|--------------------|------|--|--|--|
| (Address)                               |                    |      |  |  |  |
| (Ac                                     | ldress)            |      |  |  |  |
| (C)                                     | ty/State/Zip/Phone | - 40 |  |  |  |
| (C)                                     | ty/State/Zip/Pnone | e #) |  |  |  |
| PICK-UP                                 | WAIT               | MAIL |  |  |  |
| (Ві                                     | siness Entity Nar  | ne)  |  |  |  |
| `                                       | <b>,</b>           | ,    |  |  |  |
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## COVER LETTER

TO:

|  | fégistration Section<br>Division of Corporations |                                       |  |  |  |
|--|--|---------------------------------------|--|--|--|
| SUBJEC   | CCGI / ERM, LLC                                  |                                       |  |  |  |
| ·  | Name of Limited Liability Company                |                                       |  |  |  |
| Dear Sir o   | or Madam:  |                                       |  |  |  |
| The enclo  | osed Registered Agent/Registered Office          | e Change and f                        | ee(s) are submitted for filing.  |  |  |
| Please ret   | turn all correspondence concerning this          | matter to the fo                      | ollowing:  |  |  |
| Miriam   | Katz   |                                       |  |  |  |
|  | Name of Person                                   |                                       | _  |  |  |
| Vcorp S  | Services, LLC                                    |                                       |  |  |  |
|  | Firm/Company                                     |                                       | <del></del>  |  |  |
| 25 Rob   | ert Pitt Drive, Suite 204                        |                                       |  |  |  |
|  | Address  |                                       |  |  |  |
| Monsey   | y, NY 10954                                      |                                       |  |  |  |
|  | City/State and Zip Code                          |                                       | _  |  |  |
| Mkatz@   | ②Vcorpservices.com                               |                                       |  |  |  |
| E-n  | nail address: (to be used for future annu        | al report notifi                      | cation)  |  |  |
| For furth  | er information concerning this matter, p         | olease call:                          |  |  |  |
| Miriam   |  | 845<br>at (                           | . 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 |  | Reg<br>Div<br>P.O                     | MLING ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314 |  |  |
| I  | Enclosed is a check for the following a          | imount:                               |  |  |  |
| Ç  | 🛮 \$25 Filing Fee                                | <b>□</b> \$5                          | 5 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.

| ļ. Na                        | me of the limited liability company: CCGI / ERM,  | LLC  |   |   |   |  |
|------------------------------|---|--|---|---|---|--|
| 2. (a)                       | 1691 MIGHICAN AVENUE, STE. 601  | .(   | (b) 1691 MIGHICAN AVENUE, STE. 601  |   |   |  |
| (1)                          | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | <del></del> : '  |   |   | f limited liability company:  E POST OFFICE BOX)  |  |
|                              | Miami Beach FL 33139  |  | Miami F   | <u>الاسمة: المسمة</u><br>3each FL 331   |   |  |
|                              | Whattii Deadit 1 L 33 133   | ···  | IVII CITIL  | Seach L 55  | 100   |  |
|                              | 10/08/2010  | •  | L100001   | 05699   |   |  |
| 3.                           | Date of filing/registration in Florida  | 4.   |   | Document nu   | mber  |  |
| 5. (a)                       | THE BERNSTEIN LAW FIRM  |  |   |   |   |  |
| // ( <del>"</del> )          | Registered Agent and Registered Office shown on the records of 1688 MERIDIAN AVENUE   | the Florid   | la Dept. of Sta   | te:   |   |  |
|                              | Registered Office Address (MUST BE FLORIDA STREET.  | ADDRES   | <u>S)</u>   | <del></del>   |   |  |
|                              | SUITE 418   |  |   |   |   |  |
|                              | MIAMI BEACH FI  | 33139  | )   |   |   |  |
| (b)                          | Vcorp Services, LLC   |  |   |   | FILE<br>APR -3  |  |
|                              | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office a   | ddress:   |   |   |  |
|                              | 5011 South State Road 7, Suite 106  |  |   |   | <del>-</del>  |  |
|                              | NEW Registered Office Address:  |  |   | annana  | 56  |  |
|                              | Davie   | 3331   | 1   | _   |   |  |
| the cha<br>agent v<br>was/we | imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members deless of organization of the operating agreement of the | ws of the factorial the factor | e State of F<br>istered offic<br>company, it<br>mited liabili<br>liability co | ce and the busing is hereby confinity company or ompany.                      | ness office of the registere<br>irmed that the change(s)<br>as otherwise provided in                                |  |
| Ciana                        | ture of a member or authorized representative of a member   |  | -ANDY   | KINAPA  | - Mesident<br>d name of signee  |  |
| I here<br>provisi<br>the obl | by accept the appointment as registered agent and agents on so of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.                       | ree to a perform the perform the performance of the | ct in this cu<br>nunce of my<br>Chapter 60<br>confirm tha                     | pacity. I furthey duties, and I a<br>05, F.S. Or, if to<br>11 the limited lia | er agree to comply with the<br>am familiar with and acce,<br>his document is being file<br>ability company has been |  |

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