## -L 110000061798

| · (Re                    | equestor's Name)                      |             |  |  |  |  |  |
|--------------------------|---------------------------------------|-------------|--|--|--|--|--|
|                          |                                       |             |  |  |  |  |  |
| (Ac                      | ldress)                               |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
| (Ac                      | ldress)                               | <del></del> |  |  |  |  |  |
| (                        | · · · · · · · · · · · · · · · · · · · |             |  |  |  |  |  |
|                          | . 10: 1 7: 10:                        |             |  |  |  |  |  |
| (City/State/Zip/Phone #) |                                       |             |  |  |  |  |  |
| PICK-UP                  | ☐ WAIT                                | MAIL        |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
| (Bı                      | ısiness Entity Nar                    | me)         |  |  |  |  |  |
| •                        | ·                                     | ŕ           |  |  |  |  |  |
| (D <sub>c</sub>          | ocument Number)                       |             |  |  |  |  |  |
| (DC                      | Cultient Number)                      | l           |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
| Certified Copies         | _ Certificate:                        | s of Status |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
| Special Instructions to  | Filing Officer:                       |             |  |  |  |  |  |
| ,                        | · ·                                   |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |
|                          |                                       |             |  |  |  |  |  |





000258278740

04/03/14--01020--001 \*\*475.00



CL C RACH
04/14/14

## **COVER LETTER**

| TO:     | Registration Section Division of Corporations  | •   |                                      |  |  |  |  |
|---------|--|---|--------------------------------------|--|--|--|--|
| ѕивл    | CCGI / TBL, LLC  |   |                                      |  |  |  |  |
|         |  | Name of Limited Liability Company   |                                      |  |  |  |  |
| Dear S  | ir or Madam:   |   |                                      |  |  |  |  |
| The en  | closed Registered Agent/Registered Offi  | .ce Change and  | fec(s) are submitted for filing.     |  |  |  |  |
| Please  | return all correspondence concerning thi   | s matter to the   | following:                           |  |  |  |  |
| Miria   | m Katz   |   |                                      |  |  |  |  |
|         | Name of Person   |   | _                                    |  |  |  |  |
| Vcorp   | o Services, LLC  |   |                                      |  |  |  |  |
|         | Firm/Company   |   | · ·                                  |  |  |  |  |
| 25 R    | obert Pitt Drive, Suite 204  |   |                                      |  |  |  |  |
|         | Address  |   | _                                    |  |  |  |  |
| Mons    | sey, NY 10954  |   | •                                    |  |  |  |  |
|         | City/State and Zip Code  | <u> </u>  | <del>minur</del>                     |  |  |  |  |
| Mkat    | z@Vcorpservices.com  |   |                                      |  |  |  |  |
| E       | E-mail address: (to be used for future ann   | ual report notif  | ication)                             |  |  |  |  |
| For fui | rther 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  | amount:   | •                                    |  |  |  |  |
|         | ☑ \$25 Filing Fee  | <b>□</b> \$9  | 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:

| : Na                              | me of the limited liability company: CCGI / TBL, I   | <u>-LC</u>   |   |   |   |                                    |  |
|-----------------------------------|--|--|---|---|---|------------------------------------|--|
| . (a)                             | 1691 MIGHICAN AVENUE, STE. 601   | (b) 1691 MIGHICAN AVENUE, STE. 60                    |   |   |   |                                    | E. 601   |
| ` '                               | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ ` ` ′  | N   | lailing address (Note: MAY)   |   |                                    |  |
|                                   | Miami Beach FL 33139   |  | Miami Be  | each FL 33  |   | // / IC                            | <u>E BUA</u> )   |
|                                   | Marin Beach C 33 (39   |  | IVIIAIIII DE  | SAUTIFE OU  | 1138  |                                    |  |
|                                   | 05/25/2011   | <u> </u>   | L1100006  | 1798  | -   |                                    |  |
| •                                 | Date of filing/registration in Florida   | 4.   |   | Document n  | umber   |                                    | ***************************************                    |
| . (a)                             | THE BERNSTEIN LAW FIRM   |  |   |   |   |                                    |  |
| , (4)                             | Registered Agent and Registered Office shown on the records of   | the Florida  | Dept. of State  | ε   |   |                                    |  |
|                                   | 1688 MERIDIAN AVENUE   |  |   |   |   |                                    |  |
|                                   | Registered Office Address (MUST BE FLORIDA STREET.   | <u>ADDRESS)</u>                                      |   |   |   |                                    |  |
|                                   | SUITE 418  |  |   |   |   |                                    |  |
|                                   | MIAMI BEACH ET   | 33139  |   |   |   |                                    |  |
|                                   | , 4 L  | ·  |   |   | ~ <u> </u>                                      |                                    |  |
| (b)                               | Vcorp Services, LLC  |  |   |   |   | *                                  |  |
|                                   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office ado   | lress:  |   |   | AFR                                | 71   |
|                                   | 5011 South State Road 7, Suite 106   |  |   |   |   | ڻ                                  |  |
|                                   | NEW Registered Office Address:   |  |   |   |   | 72                                 |  |
|                                   |  |  |   |   |   | 15-                                |  |
|                                   |  |  | _   | -   |   | ଧ                                  |  |
|                                   | Davie  | 33314  |   |   |   |                                    |  |
|                                   |  | <b>-</b>   |   |   |   |                                    |  |
| f the l                           | imited liability company is not organized under the la<br>ange or changes are made, the Florida street address o   | ws of the<br>f the regis                             | State of Flo<br>stered office                           | orida, it is he<br>and the bus                                      | reby conf<br>iness offi                         | iirmed<br>ice of                   | l that after<br>the register                               |
| gent v                            | will be identical. Or, in the case of a Florida limited li   | inbility co  | mpany, it is  | s hereby con:   | firmed th                                       | at the                             | change(s)  |
|                                   | ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the  |  |   |   | r as other                                      | wise I                             | provided in  |
| ,                                 |  | 1  | andy k  | Printed or typ  | - Ites  | ide                                | ~/·  |
| Signa                             | ture of a member or authorized representative of a member  |  | 1   | Printed or typ  | ed name of                                      | signce                             |  |
| here<br>rovisi<br>he obi<br>o mer | by accept the appointment as registered agent and age ions 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 d in writing of this change. | ree to act<br>: performe<br>:d for in C<br>hereby co | in this cup<br>ance of my<br>Chapter 605<br>onfirm that | acity. I furth<br>duties, and I<br>i, F.S. Or, if<br>the limited li | er agree<br>am famil<br>this docu<br>ability co | to con<br>iar wi<br>iment<br>impan | nply with th<br>th and acce<br>is being file<br>y has been |
|                                   | of this change.  Of Services as Municipal August   | - 10   | 45  | S (1 121  | 1   |                                    |  |
| signan                            | re of Registered Agent   | المرسل ا   | s, of   | - Clar  | 4   |                                    |  |

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