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| (Requestor's Name) | | | | | |
|-----------------------------------------|----------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE AND A SECRETARY OF STATE AND SEE, FLURIDA

MAY 04 2016 S. YOUN



CSC - WILMINGTON
Suite 400 :
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 29, 2016

Order#: 114818/106

Re: CCGI/WALCO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. 1 | Name of the limited liability company: CCGI / WALCO | , LLC | | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a | 1691 Michigan Avenue, Suite 601 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Miami Beach FL 33139 | _ | | |
| 3. | 07/27/2011 Date of filing/registration in Florida | 4. | L1100008 | 6289 Document number |
| э. | Date of filligregistration in Florida | 4. | | Document number |
| 5. (a | | | | |
| | Registered Agent and Registered Office shown on the records of t | the Florida | Dept. of State | : |
| | 5011 South State Street, Road 7 | | | - No. |
| | Registered Office Address (MUST BE FLORIDA STREET A | ADDRESS, | 1 | 2 |
| | Suite 106 | | | |
| | Davie, FL | 33314 | | -3 (Single PA |
| (b | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address: | Office add | lress: | 3: 48 3: 48 |
| | Tallahassee, FL | 32301 | | |
| the chagent was/v the ar Sign I her provithe of to me | limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member leby accept the appointment as registered agent and agreely accept the appointment as registered agent and agreely reflect a change in the registered office address. It is a change of this change. | the regis ability co of the limited li Jill C | tered office mpany, it is ited liability iability com Cilmi, Author | and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in apany. rized Person Printed or typed name of signee |
| _ ``\ | Chaca C-Kuble Sure of Registered Agent Corporation Service Company | BY: Gı | race E. Kir | by, Asst. Vice President |