L/1000/367/2

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COVER LETTER

	Registration Section Division of Corporations 🌣					
SUBJEC	CCGI / CRLP, LLC					
		Name of Limited Liability Company				
Dear Sir	or Madam:	•				
The encl	osed Registered Agent/Registered Offi	icc Change and	fec(s) are submitted for filing.			
Please re	eturn all correspondence concerning thi	is matter to the	following:			
Miriam	Katz					
	Name of Person					
Vcorp :	Services, LLC					
	Firm/Company					
25 Rob	pert Pitt Drive, Suite 204					
<u></u>	Address		•			
Monse	y, NY 10954					
444444	City/State and Zip Code					
Mkatz(@Vcorpservices.com					
E-1	mail address: (to be used for future ann	ual report noti	fication)			
For furth	ner information concerning this matter,	please call:				
Miriam	Katz	845	425-0077			
***	Name of Person	V	Area Code & Daytime Telephone Numbe			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AHAING ADDRESS: egistration Section lyision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following amount:						
ı	■ \$25 Filing Fee	□ \$	55 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.

1. Na	and of the limited liability company: CCGI / CRLP,	·	
2. (a)	1691 MIGHICAN AVENUE, STE. 601	(b) 1691	MIGHICAN AVENUE, STE. 601
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach FL 33139	Miam	i Beach FL 33139
	12/05/2011	L11000	0136712
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	THE BERNSTEIN LAW FIRM		
	Registered Agent and Registered Office shown on the records of the 1688 MERIDIAN AVENUE	the Florida Dept. of !	State:
	Registered Office Address (MUST BE FLORIDA STREET A SUITE 418	ADDRESS)	
	MIAMI BEACH , FL	33139	— ———————————————————————————————————
(b)	Vcorp Services, LLC		
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	5011 South State Road 7, Suite 106		
	NEW Registered Office Address:		#: 56
	Davie , FI.	33314	anamatan wa
Sign I here provis the obto mei	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the operating agreement of the active of a member or authorized representative of a member why accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I sed in writing of this change.	f the registered of ability company, of the limited liability limited liability ree to act in this a performance of the difference of the difference of the for in Chapter hereby confirm the	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signal	ine of Registered Agent	1 1951	Secretary

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