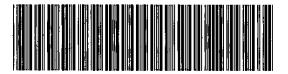
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|--------------------------|-----------------|-------------|--|--|--|--|
| (Re | questor's Name) | | | | | |
| (Ad | dress) | | | | | |
| (Ad | dress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Do | cument Number) |) | | | | |
| Certified Copies | _ Certificate | s of Status | | | | |
| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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15 MAR 24 PH 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORID

MAR 2.5 2015
T. LEIMIEUX



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

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscinfo.com

Date: March 19, 2015

Order#: 535517/012

Re: CGI COMMONS 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:Janis M. Smith 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.

| 2. (a) | 801 Brickell Avenue, Suit | e 700 | (b) _ | | | | |
|------------------------------|--|--|--|---|--|-------------------|--|
| | 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 | FL 33131 | | | | | |
| | 03/15/2013 | | | _13000039840 | | | |
| 3. | Date of filing/reg | istration in Florida | 4. | Document number | | | |
| 5. (a) | Mark S. Scott, Esq | | | | | | |
| J. (a) | Registered Agent and Registere | d Office shown on the records | of the Florida De | ept. of State: | | | |
| | 200 S. Biscayne Boulev | ard Suite 3600 | | | | | |
| | Registered Office Address | | T ADDRESS) | | | | |
| | | | | | | | |
| | Miami | | FL <u>33131</u> | <u> </u> | SECR TALLA | 15 MAR | |
| | | | | | HR A≈ | 第 | |
| (b) | | | | | SSI | 24 | |
| | Enter name of NEW Registere | d Agent and/or NEW Register | red Office addre | <u>ss</u> : | EF C | 골 E | |
| | | | | | | ن | |
| | 1201 Hays Street | | | | ≥ ≥ | | |
| | NEW Registered Office Addre | SS: | | | DA A | ហ | |
| | | | | | | ٠ | |
| | Tallahassee | ,] | FL 32301 | - | | | |
| the cha agent v was/we | ange or changes are made, t will be identical. Or, in the | he Florida street address case of a Florida limited ative vote of the member | of the register liability comp s of the limite | ate of Florida, it is hereby con red office and the business off pany, it is hereby confirmed the d liability company or as othe ility company. | ice of the re | gistered ge(s) | |
| - <u></u> - | | | Dona F | Priebe, Authorized Person | | | |
| Sign | | | | Printed or typed name o | U | | |
| provisi the obl to mer | ons of all statutes relative i | to the proper and comple | te performano | this capacity. I further agree te of my duties, and I am fami opter 605, F.S. Or, if this doci irm that the limited liability co | liar with and | d accent | |
| | felia Chieffe | > | | | | | |
| Signatu | re () Registered Agent Corpor | ation Service Company | y BY: Sylv | ia Queppet, Asst. Vice Pres | sident | | |