

L13000057225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

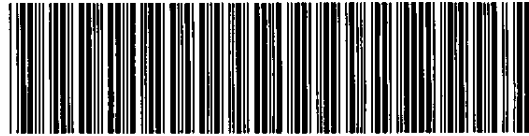
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. Guffigan JAN -3 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 946159 7975011

AUTHORIZATION : *Helen*

COST LIMIT : \$ 25.00

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ORDER DATE : December 31, 2013

ORDER TIME : 2:25 PM

ORDER NO. : 946159-005

CUSTOMER NO: 7975011  
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CHANGE OF AGENT

NAME: CGI 1100 BISCAYNE MANAGEMENT,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGI 1100 Biscayne Management, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wanda Whigham

\_\_\_\_\_  
Name of Person

Holland & Knight LLP

\_\_\_\_\_  
Firm/Company

222 Lakeview Avenue, Suite 1000

\_\_\_\_\_  
Address

West Palm Beach, FL 33401

\_\_\_\_\_  
City/State and Zip Code

wanda.whigham@hklaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Whigham at ( 561 ) 650-8329  
\_\_\_\_\_  
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

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: CGI 1100 Biscayne Management, LLC

2. (a) Principal office address of limited liability company: 801 Brickell Avenue, Suite 700  
 (Note: **MUST BE STREET ADDRESS**)  
Miami, FL 33131

(b) Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**)  
 \_\_\_\_\_  
 \_\_\_\_\_

April 18, 2013 L13000057225

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Raoul Thomas


Registered Office Address: CGI Merchant Group, LLC  
1395 Brickell Avenue, Suite 800  
Miami, FL 33131

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Corporation Service Company

**NEW** Registered Office Address:  
 (MUST BE FLORIDA STREET ADDRESS)  
1201 Hays Street  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Raoul Thomas  
 \_\_\_\_\_  
 Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By  Sue G. Knight  
 \_\_\_\_\_  
 Signature of Registered Agent Assistant Vice President  
 Corporation Service Company

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED