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| , (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Na | me) | | | |
| | | | | | |
| (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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SECRETARY OF STATE PALLAHASSEE, FLORID

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FILED STORY

T. LEMIEUX



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

1

Order#: 535517/002

Re: CGI 1100 ASSET MANAGEMENT GP, 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.

| 1. N | lame of the limited liability | company: CGI 1100 AS | SET MANAGEM | ENT GP, LLC | | |
|---|---|--|--|---|---|---|
| 2 (2) | 801 Brickell Avenue, Sui | te 700 | (b) | | | |
| 2. (4) | Principal office addres | es of limited liability company: BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | MIAMI | FL 33131 | | | | |
| | 05/13/2013 | | L130 | 000070001 | | |
| 3. | Date of filing/re | gistration in Florida | 4. | Document number | | |
| 5. (a |) CGI MERCHANT GR | OUP LLC | | | | • |
| J. (a | / | red Office shown on the records | of the Florida Dept. of | of State: | | |
| | _ | | • | | | |
| | 801 Brickell Avenue, St Registered Office Address | (MUST BE FLORIDA STREE | T ADDRESS) | | | |
| | | (MODI 201 DOIGDI, 01102D | 7710011200) | | | |
| | | · · · · · · · · · · · · · · · · · · · | | • | | |
| | MIAMI | , I | FL 33131 | | ALI ALI | <mark>덄</mark> |
| | | | | | <u>}</u> | MAR : |
| (b) | Corporation Service Co | mpany | | | AS | 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = |
| () | | ed Agent and/or NEW Register | ed Office address: | | RY SEI | 1 |
| | | | | | 뜻유 | 品品 |
| | 1201 Hays Street | | | | 1.S | |
| | NEW Registered Office Addr | ess: | | | ATE IRIDA | 5 5 |
| | | | | | | |
| | Tallahassee | , F | L 32301 | | | |
| the chagent was/w | limited liability company is ange or changes are made, will be identical. Or, in the ere authorized by an affirm itcles of organization. | the Florida street address e case of a Florida limited | of the registered liability company s of the limited liability as limited liability | office and the business of y, it is hereby confirmed to ability company or as other y company. | ffice of th that the ch | e registered nange(s) |
| - S: J. | attur of a member or authorized | representative of a member | Dona Priel | be, Authorized Person | - C - i | |
| I here provis the ob to men notifie | eby accept the appointment ions of all statutes relative ligations of my position as rely reflect a change in the adin writing of this change | as registered agent and a to the proper and complet registered agent as provid registered office address, | te performance o led for in Chapte I hereby confirm | f my duties, and I am fam or 605, F.S. Or, if this doc that the limited liability o | e to comp iliar with cument is company | oly with the and accept being filed has been |
| Signar | ure of Registered Agent Corpo | ration Service Company | B X : Sylvia (| Queppet, Asst. Vice Pre | esident | |