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15 MAR 24 PH 1: 48

AND FILED

T. LEMIEUX



CSC - WILMINGTON
Suite 400
2711 Cénterville 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#: 535517/004

Re: CGI 1100 CAPITAL PARTNERS, 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	3) 80	1 BRICKELL AVE STE 700		(b)				
	-, <u></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	FL 33131					
		05/22/2013		<u>L1</u>	3000075030			
3.		Date of filing/registrat	ion in Florida	4.	Document no	umber		
5. (a)	CGI MERCHANT GROUP						
J. (gistered Agent and Registered Office	e shown on the records of	the Florida Dep	t. of State:			
	8	801 BRICKELL AVE, Suite 70	00			·		
		egistered Office Address (MUST		ADDRESS)				
	_1	MIAMI	, FI	33131		15 MAR : SECRET		
(1	o) _C	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·		- <u></u>	FILI FILI R 24 TARY IASSE		
	En	iter name of <u>NEW Registered Age</u> i	nt and/or <u>NEW Registered</u>	d Office address	<u>:</u>	PH 1: E. FLO		
	-	201 Hays Street	<u></u>			: 48 TATE ORID		
	N	EW Registered Office Address:				0 A		
	т	allahassee	EI	32301				
		ananassee	, rı					
the cagen	hange t will were	ted liability company is not of e or changes are made, the Fl be identical. Or, in the case authorized by an affirmative es of organization or the opera-	orida street address o of a Florida limited li vote of the members	f the registere ability compa of the limited	ed office and the busi any, it is hereby confi liability company or	ness office of the registered irmed that the change(s)		
	<i>Ž</i>			Dona P	riebe, Authorized Per			
Sig	native	of a hiember of an horized represen	ntative of a member		Printed or type	d name of signee		
prov the c to m	isions obliga erely	accept the appointment as re s of all statutes relative to the stions of my position as regist reflect a change in the regist writing of this change.	gistered agent and ag proper and complete ered agent as provide ered office address, I	ree to act in to performance ed for in Chap hereby confi	his capacity. I further of my duties, and I control of the control	er agree to comply with the am familiar with and accept this document is being filed ability company has been		
	Lu	wie august						
Sign	ature 6	Registered Agent Corporation	Service Company	BY: Sylvi	a Queppet, Asst. Vi	ice President		

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