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(Re	questor's Name)		
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(Ad	dress)		
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(Cit	y/State/Zip/Phone	#)	
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
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Certified Copies	Certificates of	of Status	
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Special Instructions to Filing Officer:			
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TALLAHASSEE, FLORID,

FILED

MAR 2:5 2015



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#: 535517/006

Re: CGI 1100 SPONSORSHIP CAPITAL, 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	ame of the limited liability company: CGI 1100:	SPONSORSHIP C	APITAL, LLC
2 (a)	801 BRICKELL AVE STE 700	(b)	
2. (4)	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		3000075031
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Mark Scott		
U. (u)	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept.	. of State:
	200 S. BISCAYNE BOULEVARD, Suite 3600		
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	
			TALE SE
			AAR AR
	MIAMI	, FL <u>33131</u>	HE R
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	stered Office address:	ZI PH 1: TARY OF ST ASSEE, FLO
	1201 Hays Street		1: 42 STATE LORIDA
	NEW Registered Office Address:		
	Tallahassee	, FL <u>32301</u>	
the cha agent was/w	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement or	ess of the registered ed liability compar pers of the limited I f the limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signs	here can member authorized representative of a member	Dona Pri	ebe, Authorized Person Printed or typed name of signee
I here provisi the obj to mer notifie	by accept the appointment as registered agent and components of all statutes relative to the proper and compligations of my position as registered agent as profely reflect a change in the registered office address of my writing of this change. The of Begistered Agent Corporation Service Compa	olete performance wided for in Chapt ss, I hereby confirm	is capacity. I further agree to comply with the

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