L1600064723

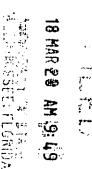
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800310453808

03/20/18--01016--020 **25.00



Y SULKER MAR 21 2018

COVER LETTER

TO: Registration Section Division of Corporations				
CRG MIAMI PROPERTY GR	OUP LLC			
	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Gail Kohn				
Name of Person				
Capital Realty Group				
Firm/Company				
86 E RT 59				
Address				
Spring Valley, NY, 10977				
City/State and Zip Code				
gail@thecapitalrealty.com				
E-mail address: (to be used for future annu-	al report notification)			
For further information concerning this matter, p	olease call:			
Gail Kohn	845 356-7773			
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			
INHS18 (2/14)				

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	Name of the limited liability company: CRG MIAMI	PROPER	RTY GROUP LLC
2. (a)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	86 ROUTE 59 ENST		86 ROUTE 59 ENST
	SPRING VALLEY, NY 10977		SPRING VALLEY, FL 10977
	04/01/2016	L	16000064723
3,	Date of filing/registration in Florida	— _{4.} –	Document number
5. (a	ı)		
J. (u	Registered Agent and Registered Office shown on the records o VCORP SERVICES, LLC	of the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 5011 SOUTH STATE ROAD 7	ADDRESS)	
	DAVIE ,,F	L 33314	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress:
	MPG M&S LLC		
	NEW Registered Office Address:		
	18457 NW 37th Avenue		
	Miami Gardens , F	L33056	
the clagent was/vethe at	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members reticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agent agent and agent and agent agent and agent agent and agent agent and agent age	of the regist liability core of the limited li	ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. The Eichler Printed or typed name of signee In this canacity. I further garee to comply with the
provi the or to me	sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, a ed in writing of this change.	le performa led for in C I hereby co	nce of my duties, ånd I am Jamiliar with ånd accept hapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
_	M&S LLC		
Signa	ture of Registered Agent		