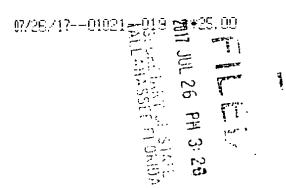
## 11600108621

	(Requestor's Name)					
(Áddress)						
(Address)						
	(City/State/Zip/Phone #)	_				
PICK-UF	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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Office Use Only



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J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	CNG ADVISORS LLC		
		e of Limited Li	iability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered Offi	ce Change and	l fee(s) are submitted for filing.
Please r	eturn all correspondence concerning thi	is matter to the	following:
GILM	ER M. HEITMAN, ESQ.		
	Name of Person		
HEITN	MAN LAW FIRM, PL		
	Firm/Company		<del></del>
515 N	. FLAGLER DRIVE, SUITE P300		
	Address		
WEST	PALM BEACH, FL 33401		
	City/State and Zip Code	-	_
gmh@	palmbeachconstructionlaw.org		
TĒ-	mail address: (to be used for future ann	ual report notif	fication)
For furt	her information concerning this matter,	please call:	
GILME	ER M. HEITMAN	561	249-2879 )
	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	Rej Div P.C	AILING ADDRESS: registration Section livision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following amount:			
	☑ \$25 Filing Fee	□ \$5	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	ame of the limited liability company: CNG ADVISOI	RS LL				
2. (a)	, , , _	(b)				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	515 N. FLAGLER DRIVE, SUITE P300		515 N. FLAGLER DRIVE, SUITE P300			
	WEST PALM BEACH, FL 33401	_	WEST PALM BEACH, FL 33401			
	JUNE 6, 2016		_16000108621			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	CESAR GONZALEZ					
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:			
	Registered Office Address	DDRESS)				
	211 MIRAFLORES DRIVE					
	PALM BEACHFL.	33480	217 JUL 26			
(b)	GILMER M. HEITMAN					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	res: G. ω			
	NEW Registered Office Address:		<del></del>			
	515 N. FLAGLER DRIVE, SUITE P300		<del></del>			
	WEST PALM BEACH, FL.	33401	· · · · · · · · · · · · · · · · · · ·			
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.  CESAR GONZALEZ						
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee			
provis the ob to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had a in writing of this change.	e to act performa for in C reby co	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed aftern that the limited liability company has been			
Signati	ire of Registered Agent					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
FILING FEE: \$25.00						