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(Requestor's Name) (Address)	
(Address)	800409727728
(City/State/Zip/Phone #)	05/31/2301020024 ★★35.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only	55

.

## COVER LETTER

TO: **Registration Section** Division of Corporations

<u>CG Holdings & Backings LLC</u> Name of Limited Liability Com SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

asey Ge

Firm/Company

6759 Sienna Club drive Address

CUDERTY/State and Zip Code 33314

(to be used for future annual report notification)

For further information concerning this matter, please call:

ang

**Mailing Address: Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

at, 954, 907-5516

Area Code & Davtime Telephone Number

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

## 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.

l. Na	me of the limited liability company: <u>CG holo</u>	ting	& Back	ings		
2. (a)	6759 Sienna Club drive	(b	, 6759	SIENNA	Club	drive
_, (., .	Principal office address of limited liability company:	_ 、	Mail	ing address of limi	ted liability cor	
	$(\underline{Note: MUST BE STREET ADDRESS})$			<i>inte: MAYBE <u>PO</u></i> ▲ \\ ↑		_
	lauderhill FL 33319	-	Tanda	SLP111	FL 3331	<u> </u>
		-				
	05-20-2023		Lad	DOCX	5299	
3.	Date of filing/registration in Florida	-1.	Do	cument number	r	
5. (a)	Carey Gentles					
	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept, of State:			
	6759 Sienna Club drive					
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS</u>	2			
	Lauderhill	<u></u>	<u>-</u>			
	FL.	3:	3319		.: 20	
			⊂ <del>=</del> (	• • •	2023 SEP	
(b)	<u>Gregory Gentles</u>		. <u></u>		- Ē	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	<u>dress</u> :	-	਼ੋਂ ਯ	
						Π
	NEW Registered Office Address:	_				D
	N/A			, - , -	9: <b>13</b>	
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	, FL_					
18 that I	imited liability company is not organized under the law	s of the	State of Florid	a, it is hereby c	onfirmed th	at after the

If the limited liability company is not organized under th 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.

· \_ •

Printed or typed name of signee

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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