

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Plach

(((H050002610873)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (8

: (850)205-0380

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

05 NOV -9 PH 2: 56
SECACIANY OF STATE
AND ABASSES FI GRIDA

199-9017

OS NOV -9 AH 8: 00

## REGISTERED AGENT CHANGE

## CGR/SEVEN LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Machionic Align Menti

Composite Files

Public Acress Halp.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provi liability company subt agent, or both, in the S	sions of sections 608.416 o nits the fallowing statement tate of Florida.	r 608.508, Florida Statutes, the u in order to change its registered (	ndersigned lu office or regis	nitea terea
1. The name of the lin	nited liability company is: 🤦	GR/SEVEN LLC		·
2. The mailing addres	s of the limited liability com	pany is : 36 E. 12TH STREET, 14	4TH FLOOR	
NEW YORK, NY 10	003			
12/20/1999		L9900009017		
3. Date of filing/regist	ration in Florida	4. Document number		
5. The name of the reg Florida Department	of State:  INCORPORATING  N  2855 APALACHEE I  AC  TALLAHASSEE, FL	red office address as shown on the respective of	OS NOV	
<ol><li>The name and addre</li></ol>	ss of the new registered ager	nt and/or office:		-
·			PM 2: 56 Y CT STATE EE FLORIDA	C
	TALLAHASSEE ]	L 32301	•••	
	City, Stat	e and Zip		

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.

(Signature of a member or anthorized representative of a member)

## KATHERINE E. MITCHELL

(Printed or typed name of signee)

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 608, 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.

de publication of Strains ASST, SEC

Division of Corporations, 770: Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05) (H05000261087 3)