

**17070000004507**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
CGC 2 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

\* 25.00

**T. HAMPTON**

JAN 12 2010

**EXAMINER**

RECEIVED

10 JAN 11 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 11 AM 7:55

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGC 2 LLC  
Name of Limited Liability Company

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:

Melissa Zanoletti  
Name of Person

C T Corporation System  
Firm/Company

818 W. 7th Street, 2nd Floor  
Address

Los Angeles, CA 90017  
City/State and Zip Code

melissa.zanoletti@wolterkluwer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Zanoletti at ( 213 ) 337-4607  
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

INH818 (5/08)

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: CGC 2 LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

C/O 120 S. PALMETTO AVENUE  
DAYTONA BEACH FL 32114

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

C/O 120 S. PALMETTO AVENUE  
DAYTONA BEACH FL 32114

07/30/2007

M07000004507

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

GUILD, MARYKE Y MS

Registered Office Address:

120 S. PALMETTO AVENUE  
DAYTONA BEACH FL 32114 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

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.

Melissa Zanoletti  
Signature of a member or authorized representative of a member

Melissa Zanoletti, Authorized Representative of Member

Printed or typed name of signer

*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.*

By: CT Corporation System Susan Wheeler Assistant Secretary  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FNHS18 (05/08)

FL013 - 05/07/2009 C T System Online

10 JAN 11 AM 7:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS