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.

(((H100000064393)))



H100000064393ABCX

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 : (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:

JAN II PHIZ: 40 SECRETALY OF STATE

## REGISTERED AGENT CHANGE CGC 10 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00
	7

TOLINE

JAN 1 2 2010

## COVER LETTER

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:  Mehissa Zanoletti Name of Person  CT Corporation System Firm/Conpany  818 W. 7th Street, 2nd Floor Address  Los Angeles, CA 90017 City/Sute and Zip Code  Termil address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Melissa Zanoletti Melissa Zanoletti Melissa Zanoletti Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  Enclused is a check for the following amount:  \$\textstyle{\text{SSS}} \text{ Filing Fee & Certified Copy} \text{ Copy}  \text{SSSS} \text{ Filing Fee}  \text{SSSS} \text{ Filing Fee & Certified Copy}	Division of Corporations		
Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Ilease return all correspondence concerning this matter to the following:  Melissa Zanoletti Name of Person  CT Corporation System Firm/Company  818 W. 7th Street, 2nd Floor Address  Los Angeles, CA 90017 City/State and Zip Code  E-mail address: (to be used for future armual report notification) or further information concerning this matter, please call:  Melissa Zanoletti Melissa Zanoletti  Melissa Zanoletti  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Corporations Corpo	ነገር ነውም.	CCCIDIIC	
Dear Sir or Madam:  the enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:    Melissa Zanoletti			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Mehssa Zanoletti			
Melissa Zanoletti Name of Person  CT 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 hithre annual report notification) or further information concerning this matter, please call:  Melissa Zanoletti  Melissa Zanoletti  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\textstyle{\text{State}} \text{ S55 Filing Fee & Certified Copy} \text{ Copy}	Jear Sir or Madarn;		
Melissa Zanoletti Name of Person  CT Corporation System Firm/Conipany  **NIS 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 armual report notification)  or further information concerning this matter, please call:  Melissa Zanoletti Name of Person Area Code & Daytime Tolephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{Mail.ing Fee & Certified Copy} \end{array}\$	he enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
CT 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)  or further information concerning this matter, please call:  Melissa Zanoletti at 213 337-4607  Name of Person Area Code & Daytime Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassec, Florida 32301  Enclosed is a check for the following amount:  \$25 Filing Fee Securified Copy	'lease return all correspondence concerning	g this matter to the following:	
CT Corporation System  Firm/Company  818 W. 7th Street, 2nd Floor Address  Los Angeles, CA 90017 City/State and Zip Code  molissa. zanoletti@wolterkluwer.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Melissa Zanoletti at 213 337-4607  Name of Person Area Code & Daytime Tolephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$25 Filing Fee Securities Copy	Maliusu Zaroslotti		
Firm/Company  818 W. 7th Street, 2nd Floor Address  Los Angeles, CA 90017 City/State and Zip Code  ***mclissa.zanoletti@wolterkluwer.com**  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Melissa Zanoletti  Melissa Zanoletti  at ( 213 ) 337-4607  Name of Person Area Code & Daytime Tolephone Number  STREET/COURIER ADDRESS:  Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314  Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{S55 Filing Fee & Certified Copy} \end{array}\$			
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 Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314  Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{S55 Filing Fee & Certified Copy} \end{array}			
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 Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314  Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{S55 Filing Fee & Certified Copy} \end{array}	CT Corneration System	28	
Address  Los Angeles, CA 90017 City/State and Zip Code  malissa.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 Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$25 Filing Fee S55 Filing Fee & Certified Copy			
Address  Los Angeles, CA 90017 City/State and Zip Code  malissa.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 Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$25 Filing Fee S55 Filing Fee & Certified Copy		25 24 27 (4)	
Address  Los Angeles, CA 90017 City/State and Zip Code  malissa.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 Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$25 Filing Fee S55 Filing Fee & Certified Copy	010 11/ 24/ 64	\$\frac{\partial}{\partial}	
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 Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$25 Filing Fee \$355 Filing Fee & Certified Copy			
City/State and Zip Code    melissa_zanoletti@wolterkluwer.com	11541.003	e angle e angle e angle	
City/State and Zip Code    melissa_zanoletti@wolterkluwer.com		D 3	
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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$25 Filing Fee \$\bigseleft\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>	
E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:    Melissa Zanoletti	City/State and Zip Code	<sup>*</sup> †~•	
Melissa Zanoletti at 213 337-4607  Name of Person Area Code & Daytime Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\int \text{337-4607} \text{337-4607} \\ MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  **Enclosed is a check for the following amount:  \$\int \text{325 Filing Fee} \text{S55 Filing Fee & Certified Copy}	melissa.zanoletti@wolterkluwer.co.	om	
Melissa Zanoletti at ( 213 ) 337-4607  Name of Person Area Code & Daytime Tolephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314  Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{l} \text{MAILING ADDRESS:} \\ \text{Registration Section} \\ \text{Division of Corporations} \\ \text{P.O. Box 6327} \\ \text{Tallahassee, Florida 32314} \\ \text{Tallahassee, Florida 32301} \\ \text{Enclosed is a check for the following amount:} \\ \text{\$\text{S55 Filing Fee} & Certified Copy} \end{array}	E-mail address: (to be used for future amual report s	notification)	
Name of Person  Area Code & Daytime Tolephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{l} \text{Area Code & Daytime Tolephone Number} \text{Number of Corporations} \text{Polymore of Corporations} Polymore	For further information concerning this mat	ter, please call:	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\text{\$\text{S55}\$ Filing Fee}\$  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32314  \$\text{\$\text{Tallahassee}\$, Florida 32301}  Enclosed is a check for the following amount:  \$\text{\$\text{\$\text{S55}\$ Filing Fee & Certified Copy}}\$	Melissa Zanoletti	at (213)	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{l} \text{Registration Section} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Name of Person	Area Code & Daytime Tolephone Number	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclused is a check for the following amount:  \$\begin{array}{l} \text{Registration Section} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{align*} \text{S25 Filing Fee} \end{align*}  \text{S25 Filing Fee}  \text{Division of Corporations} \text{P.O. Box 6327} \text{Tallahassee, Florida 32314}  \text{Tallahassee, Florida 32314}  \text{Tallahassee Seek for the following amount:}  \text{S25 Filing Fee & Certified Copy}			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301  Enclosed is a check for the following amount:  [ \$25 Filing Fee			
Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\text{\$\text{\$\sum_{\text{\$\text{\$\text{\$}}}}}\$} \text{\$\exitex{\$\}}}\$}}}}}}}} \endotenties \end{tenture}}}} tentum{\$			
Enclosed is a check for the following amount:  [ \$25 Filing Fee		Tallahussee, Florida 32314	
\$25 Filing Fee & Certified Copy	Tallahassee, Florida 32301		
	Enclosed is a check for the following	ng amount:	
NH 518 (\$/08)	\$25 Filing Fee	555 Filing Fee & Certified Copy	
	NH\$18 (5/08)		

FLOIS - 03/07/2009 C T System Online

## 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.

Name of the limited liability company:	CGC 10 LLC			_
2. (a) Principal office address of limited liability compa	any:			
(Note: MUST BE STREET ADDRESS)	2801 N. TENAYA WAY. SUIT LAS VEGAS NV 89128	E C		<u>.</u> -
(b) Mailing address of limited liability company:		and not man		-
(Note: MAY BE POST OFFICE BOX)	2801 N. TENAYA WAY, SUIT	E C		-
09/17/2007	M0700000556	8		-
3. Date of filing/registration in Florida	4. Document number			•
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida De	pt, of St	ate:	
Registered Agent:	GUILD, MARINE	> co	20	-
Registered Office Address:	Prudential Cres Commercial Rea		<del></del>	_
	120 S. PALMETTO AVENUE DAYTONA BEACH FL 321141	775 775		سادم
	DATIONA BEACH FL 32) 14		1~7.30	
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office addres	SSEC.		3
NEW Registered Agent:	C T Corporation System		I	- -
NEW Registered Office Address:	1200 South Pine Island Road	The street	्राः — २ >	_
(MUST BE FLORIDA STREET ADDRESS)		12377°1		-
	Plantation	,FL <u>33</u>	324	-
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the re entical. Or, in the case of a Flo (s) was/were authorized by an herwise provided in the articles	gistered rida limi aftirmat	ited ive vote	
Melissa Zanoletti, Authorized Representative of Member Printed or typed name of signes	<u> </u>	- 4 .4		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited distility compact CT Corporation System	d agree to act in this capacity. proper and complete performat position as registered agent as merely reflect a change in the r any has been notified in writing eler, Assistant Secretary	I further nce of m provide egistere of this	r agree to ty dutles, id for in id office change.	,
Signature of Registered Agent	ZAAR (D.H.L 177 AAAR4			
Division of Corporations, P.O. Box	6327, Taliahassee, FL 32314			

FILING FEE: \$25.00

INH\$18 (05/08)

By: