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K. SALY EXAMINER DEC 2 3 2015

COVER LETTER

то:	Registration Section Division of Corporations				
1	CGC 10 LLC				
SUBJ	Name of Limited Liability Company				
	Nan	ne of Limited Lia	оппу Сотрану		
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Off	nce Change and f	ee(s) are submitted for filing.		
Please	e return all correspondence concerning th	is matter to the fo	ollowing:		
Dani	el E. Manausa				
	Name of Person		_		
Man	ausa Law Firm, P.A.				
	Firm/Company		-		
1701	Hermitage Blvd. Suite100				
	Address		-		
Talla	hassee, FL 32308				
	City/State and Zip Code				
danr	ny@manausalaw.com				
	E-mail address: (to be used for future an	nual report notific	cation)		
For fi	arther information concerning this matter	, please call:			
Sunita Dias		85 0	597-7616		
	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	Reg Div P.O	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$5	5 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:CGC 1	10 LLC
2. (a)	9841 Airport Blvd., Suite 1107	(b) 9841 Airport Blvd., Suite 1107
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Los Angeles, CA 90045	Los Angeles, CA 90045
	09/17/2007	M0700005568
3.	Date of filing/registration in Florida	4. Document number
5. (a)	C T Corporation System	
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRESS)
	1200 South Pine Island Road	
	Plantation	33324 ZIS DEC T
(b)	Manausa Law Firm, P.A.	\$22 2 2
, ,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
	NEW Registered Office Address:	—————————————————————————————————————
	1701 Hermitage Blvd. Suite 100	•
	Tallahassee	_{FL} 32308
If the	limited liability common is not associated and a de-	
the ch	ange or changes are made, the Florida street address of	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered
agent was/w	will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of	liability company, it is hereby confirmed that the change(s) sof the limited liability company or as otherwise provided in
the art	icles of organization or the operating agreement of the	e limited liability company.
Cione		Daniel Manausa
	ature of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to mer	ion accept the appointment as registered agent and aginations of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
Signati	are of Registered Agent	