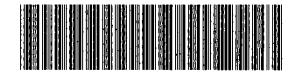
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(Req	juestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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SECRETARY OF STATE
TALLAHASSEF FLODINA

D. BRUCE

OCT 1 0 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CGC 15, LLC (Name of Lin	nited Liability Company)			E
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this r	matter to the following:			
MARYKE GUILD (Name of Person)	<del></del>			
PRUDENTIAL CRES COMMERCIAL REAL ESTATE - (Firm/Company)	- PROPERTY MANAGEMENT			
120 S. PALMETTO AVENUE (Address)	TALLAHASSE	SECRETARY	9- 130 <b>80</b>	FILED
DAYTONA BEACH, FL 32114  (City/State and Zip Code)		ETARY OF STATE	PH 12: 48	ED
For further information concerning this matter, pl	lease call:		œ	
MARYKE GUILD at ( (Name of Person)	(Area Code & Daytime Telephone Number	 er)	-	
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 an	nount:			
<b>☑</b> \$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 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.	Nar	ne of the limited liability company: CGC 15, LL	<u>C</u>	. 🖽
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 2801 TENAYA WAY, SUITE C LAS VEGAS, NV 89128	. O
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME	- <b>0</b>
_	28/08		M07000005575	_
3.	Dat	e of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	
		Registered Agent:	PARACORP INCORPORATED	_
		Registered Office Address:	236 EAST 6TH AVENUE TALLAHASSEE, FL 32303	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	ED
		NEW Registered Agent:	MARYKE GUILD	_
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	PRUDENTIAL CRES COMMERCIAL REAL EST 120 S. PALMETTO AVENUE DAYTONA BEACH,FL 32114	<u>r</u> ate - -
th of he lia	at affice reby bilit	timited liability company is not organized under the later the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the business of a Florida limited liability company, it is	ness s
-		Y ANTOLAVIC or typed name of signee)	_	
	41	by accept the appointment as registered agent and a with the provisions of all statules relative to the provisions of miliar with and accept the obligations of my position of this document is being filed to merely reflect a continuous the limited liability company has been notified the limited liability company has been notified.	gree to act in this capacity. I further agree to oper and complete performance of my duties, as registered agent as provided for in Chapte change in the registered office address, I here I in writing of this change.	and I er 608, by
(S	ignafi	re of Registered Agenty		

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