M1100000 6080

•		
(Rec	questor's Name)	
(Add	Iress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Rus	iness Entity Nan	ne)
eva)	iness Entry Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		·
		{

Office Use Only



600269882996

02/25/15--01013--006 **25.00

FEB 2 7 2015 T. CARTER

COVER LETTER

10: Registration Section Division of Corporations		
SUBJECT: CENTERLINE CAPITAL (SROUP LLC	
	me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Myra Simmons		
Name of Person		
Capitol Corporate Services, Inc. (Re	egistered Agent Dept.)	
Firm/Company		
800 Brazos Ste 400		
Address		
Austin TX 78701		
City/State and Zip Code		
E-mail address: (to be used for future an	nual report notification)	
For further information concerning this matter	r, please call:	
Marie Circurate		
Myra Simmons Name of Person	at (800) 345-4647 Area Code & Daytime Telephone Number	
	·	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
\$25 Filing Fee	\$55 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. CENTERLINE CAPITAL GROUP LLC 1. Name of the Limited Liability Company: 2. (a) 100 Church Street (b) 100 Church Street Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) New York, NY 10007 New York, NY 10007 12/5/2011 134177343 3, Date of filing/registration in Florida Document number 5. (a) CT Corporation System Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL 33324 Plantation (b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 155 Office Plaza Dr Ste A NEW Registered Office Address: FL 32301 Tallahassee 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 authorized representative of a member 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 605, 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 Delanie Case, Assistant Secretary on Signature of Registered Agent behalf of Capitol Corporate Services, Inc.

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



Statement of Change of Registered Office or Registered Agent or Both for Limited **Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone. 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

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

DATE: STATE: 2/18/2015 FLORIDA

REP UNIT:

CENTERLINE CAPITAL GROUP LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #26036 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

