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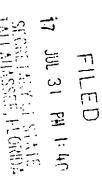
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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07/31/17--01037--032 **25.00



D. SCOTT AUG 3 2017 COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: C & G FINE ART LLC			
N	ame of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filin	g.
Please return all correspondence concerning			
Michael Mirrione		I	
Name of Person			
Wolz Corporate USA		İ	
Firm/Company			
36 S. 18th Ave, Suite D			
Address			
Brighton, CO 80601			E 89 =
City/State and Zip Code			聖肯卫
Compliance @ gouldratner. B-mail address: (to be used for future and	nual report noti	ification)	FILEU STATE
For further information concerning this matter			
Michael Mirrione	303	, 665.9659	
Name of Person		Area Code & Daytime Teler	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following	amount:	l	
■ \$25 Filing Fee	□ \$.	55 Filing Fee & Certified Copy	
NHS18 (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

l. Na	ame of the limited liability company: C&G FINE ART	r L	
2. (a)	611 E. COOPER AVENUE	(b) 222 N	. LASALLE STREET, SUITE 800
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ASPEN, CO 81611	CHICA	GO, IL 60601
		<u> </u>	
	06/03/2014	, M14000	003825
3.	Date of filing/registration in Florida 4.		Document number
5. (a)	NRAI SERVICES, INC	1	
	Registered Agent and Registered Office shown on the records of the Flor 1200 South Pine Island Road	rida Dept. of Su	ate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	<u>(\$.\$)</u>	-
			_
	Plantation , FL 3332	4	
(b) _	Universal Registered Agents, Inc.		-
I	Enter name of NEW Registered Agent and/or NEW Registered Office	address:	- · · · · · · · · · · · · · · · · · · ·
	3458 Lakeshore Drive		13 L
•	NEW Registered Office Address:	1	- B
	T !! .	<u> </u>	- Oth :
	Tallahassee , FL 3231	2	
igent wi vas/werd he articl	nited liability company is not organized under the laws of the ge or changes are made, the Florida street address of the regil be identical. Or, in the case of a Florida limited liability of authorized by an affirmative vote of the members of the lies of organization or the operating agreement of the limited	gistered offic company, it i mitėd liabilit Lliability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signatur	e of a member or authorized representative of a member	lie A. Grad	Printed or typed name of signee
I hereby provision he oblig o merely potified i	accept the appointment as registered agent and agree to acts of all statutes relative to the proper and complete performations of my position as registered agent as provided for incredited a change in the registered office address. I hereby on writing of this change.	Chapter 605 Confirm that	-
Signature	of Registered Agent Michael Mirmone ASST.	. UP.	
	Division of Corporations P.O. Box 632		goo El 32214

FILING FEE: \$25.00

INHS18 (2/14)