

M15000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

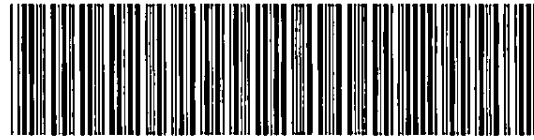
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: October 17, 2018

AE: Katelyn Bean

TO: Florida Department of State H1080

REFERENCE: 1213322

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

CG ROXANE LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Please mail or email results back to: Kbean@myparacorp.com

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Katelyn Bean TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CG Roxane LLC
Name of Limited Liability Company

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:

Katelyn Bean

Name of Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

mars@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katelyn Bean

Name of Person

at (888) 280-6563

Area Code & Daytime Telephone Number

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 amount:

\$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 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. Name of the limited liability company: C G Roxane LLC

2. (a) CG Roxane LLC (b) _____
 Principal office address of limited liability company: _____ Mailing address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
10 Pimentel Court Same
Novato, CA 94949

3. 01/29/2015 Date of filing/registration in Florida 4. M15000000820 Document number

5. (a) Corporate Creations Network, Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

FILED
 2018 OCT 22 AM 11:21
 SECRETARY OF STATE
 TALLAHASSEE, FL

(b) Paracorp Incorporated
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
155 Office Plaza Drive, 1st Floor
NEW Registered Office Address:
Tallahassee, FL 32301

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] Signature of a member or authorized representative of a member Page Beykpour 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 notified in writing of this change.

[Signature] Signature of Registered Agent Jody Moya, Asst. Secretary, Paracorp Incorporated