MIS 0000 10153

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 847608

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 18, 2024

ORDER TIME : 12:28 PM

ORDER NO. : 847608-024

CUSTOMER NO: 5057825

CHANGE OF AGENT

NAME: CG DOWNTOWN SC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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	lame of the limited liability company: CG DOWNTOV	VN SC,	LLC	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1777 WALKER ST. STE 501		1777 WA	ALKER ST, STE 501
	HOUSTON, TX 77010	<u> </u>	HOUSTO	ON, TX 77010
	12/18/2015		M150000	10153
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
(11)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Floric	la Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	ADDRES	<u>55)</u>	_
	PLANTATION FI	33324		_
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	l Office a	ddress:	TIL. F. SECRETAR
	NEW Registered Office Address:			- BSC P
	1201 Hays Street			
	Tallahassee FI	32301		PH THO
chang agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability c of the li	red office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	M. Mitzner	Ira	M. Mitzner	
	ature of a member or authorized representative of a member		_	Printed or typed name of signee
provis the ob- to met	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to ac perforn d for in hereby c	et in this cap tance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signat	ure of Registered Agent Grace E. Kirby, Asst. Vice President	dent		

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