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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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ote: DO	NOT hit the REFRESH/RELO		from this page.
	Doing so will genera	ite another cover sheet.	
_			7.11
To:	 Division of Corporations		
	Fax Number : (850)617-	6383	
From:			
	Account Name : REGISTERE	D AGENT SOLUTIONS INC	
	Account Number : I20100000		
	Phone : (888)705-		
ne	Fax Number : (888)706- the email address for this b nual report mailings. Enter	ousiness entity to be used	
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ne	the email address for this bound report mailings. Enter a ail Address: LLC REGISTERES CAVENDISH SQUAR Certificate of Status	DAGENT CHANGE RE PUBLISHING, LLC	ease.**

Electronic Filing Menu

Corporate Filing Menu

Help

INHS18 (2/14)

H23000014260 3

COVER LETTER

TO:	Registration Section
	Division of Corporation

Division of Corporation	ons 1	
SUBJECT: CAVEN	DISH SQUARE Name of Limited Liab	PUBLISHING, LLC
Dear Sir or Madam:		
The enclosed Registered Agei	VRegistered Office Change and fe	e(s) are submitted for filing.
Please return all corresponden	ce concerning this matter to the fo	llowing:
Vanessa Ca	stillo	
Name	of Person	•
Registered Agent Solution	ns, Inc.	
Firm/	Company	
Corporate Center One, 5	301 Southwest Pkwy, Ste 40	0
Ade	lress	
Austin, TX 78735		
City/Stat	and Zip Code	
E-mail address: (to be us	sed for future annual report notifies	ition)
For further information conce		
Vanessa Ca	stillo at (888	705-7274
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check for	or the following amount:	
□ \$25 Filing Fee	5 55	Filing Fee & Certified Copy

H23000014260 3

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.

i windi.					
1. Name of the limited liabil	ity company: CAVENDIS	SH SQUA	RE PUBLISHIN	<mark>IG, LL</mark>	<u>_C</u>
_{2. (a)} 29 E 21st St	reet	,b, 29 E	21st Street		
Principal office add	ress of hmited liability company		Mailing address of limited liability		
	TBE STREET ADDRESS	Now	(<u>Note: MAY BE POST OFFIC</u>		
New York, I	10010	ivew	York, NY 1001	<u> </u>	
1/31/2017		M170	00000875		
3. Date of filing/	registration in Florida	4.	Document number		
5. (a) BLUMBERGEXC	L ELSIOR CORPORATE SE	ERVICES INC			
` ' 	tered Office shown on the records of the	Florida Dept. of State	::		
155 Office F	Plaza DR				
Registered Office Address	(MUST BE FLORIDA STREET ADI	DRESS)	•		
1st Floor					
Tallahassee	, FL 3	2301		2022	: . ;:
Decistored	Amont Colutions I			2022 JAN	:: :.=
101	Agent Solutions, I				<u> </u>
Enter name of NEW Regist	ered Agent and/or NEW Registered Off	lice address:			(元) (元)
155 Office F	Plaza Dr.			AM II:	147 144
NEW Registered Office Ad	dress:			2	
Suite A				7	
		2004			
Tallahassee	, FL <u>3</u>	2301			
If the limited liability company	is not organized under the laws of	of the State of Flo	rida, it is hereby confirmed	that after	
the change or changes are mad agent will be identical. Or in t	e, the Florida street address of the the case of a Florida limited liabil	e registered office fity company it is	and the business office of the	he registe	red
was/were authorized by an affi	rmative vote of the members of the line operating agreement of the line	he limited liability	company or as otherwise r	rovided ir	1
/s/ STEVE SHAW	he operating agreement of the fift	STEVE SH	• •	zed Pe	rson
Signature of a member or authorize	il representative of a member	0127201	Printed or typed name of signee		
I hereby accept the appointme	nt as registered agent and agree .	to act in this capa	icity. I further agree to con	iply with t	he
the obligations of my position of the merely reflect a change in the	ve to the proper and complete per as registered agent as provided for e registered office address, I here	or in Chapter 605, eby confirm that i	. F.S. Or, if this document i he limited liability compan	s being fil v has heen	Ed '
notified in writing of this chang	ck. ckenzie Hart, Asst. Secretary	, - 5			
Signature of Registered Agent	Exertise trans Assoc Sectionally				