M24000015822

(Req	uestor's Name)	
(Addı	ress)	
(Add	ress)	
V		
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
		l
	umil	S

Office Use Only



000441833820

TALLARY SECRET S



COVER LETTER

Division of Corporations	
SUBJECT: CIG 172 HR. LLC	
	ign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s	s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Mark Newton	
Name of Person	
Community Investment Group	
Firm/Company	
870 Greenbrier Cr. Suite 601	
Address	
Chesapeake, VA 23320	
City/State and Zip Co	de
mark@communityig.com	
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this matte	r, please call:
Mark Newton	at () 641-8073
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	g amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: CIG 172 HR, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M24000015822
3. Jurisdiction of its organization: Virginia 4. Date authorized to do business in Florida: 12/17/2024 SECTION II (5-9 complete only the applicable changes)
4. Date authorized to do business in Florida: 12/17/2024
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address
Florida
, Florida
New Registered Agent's Signature, if changing Registered Agent: 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.

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	Address	Type of Actio
1ember	Christopher Daughtry	870 Greenbrier Circle, Suite 102	□Add
		Chesapeake, VA 23320	= Remo
Member Bradley Newton	870 Greenbrier Circle, Suite 601	= Add	
		Chesapeake, VA 23320	□Rem
			□Add
		-	□Rem
			□Rem
		□Add	
aforemention	under the law of which this entity is	ted by the official having custody of records in t	□Rem

Filing Fee: \$25.00