

L 08000058830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

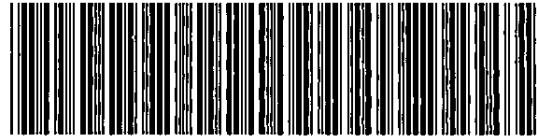
(Business Entity Name)

(Document Number)

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RECEIVED
08 AUG 25 AM 11:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
AUG 25 2008
EXAMINER

FILED
08 AUG 25 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK
DATE: 08/25/08
REF. #: RA2991.91336
CORP. NAME: 970 PLAZA GROUP, LLC

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08 AUG 25 PM 2:35
TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER: CHANGE OF AGENT

STATE FEES PREPAID WITH CHECK# 527265 FOR \$ 25.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

1. Name of the limited liability company: 970 PLAZA GROUP, LLC

2. (a) Principal office address of limited liability company: C/O ZIMMERMAN, KISER & SUTCLIFFE, P.A.
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801

(b) Mailing address of limited liability company: C/O ZIMMERMAN, KISER & SUTCLIFFE, P.A.
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801

06/16/2008

L08000058830

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SLOANE, JEREMY S ESQ.

Registered Office Address:

C/O ZIMMERMAN, KISER & SUTCLIFFE, P.A.
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CorpDirect Agents, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET 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)

Rob Nunziata
(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 608, 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)

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

INHS18 (05/08)

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