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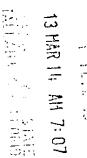
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Division of Corporations	
SUBJECT: Fox 1 Group, LLC	2
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Tayona Owindonii	
Teresa Quindemil	
Name of Person	
Fox 1 Group, LLC	
Firm/Company	
P.O. Box 440224	
Address	
Miami, Florida 33174	
City/State and Zip Code	
loans2homes@hotmail.c	eom
E-mail address: (to be used for future annual report no	
For further information concerning this matte	r, please call:
Teresa Quindemil	at (305 \ 244-1991
Name of Person	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	g 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 608.416 or 608.508, 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: Fox 1 Group, LLC		
2 (
2. (a) Principal office address of limited liability company:	9155 South Dadeland Boulevard Miami, Florida 33156	—
(Note: MUST BE STREET ADDRESS)	mianii, Fiorida 53150	_
		_
(b) Mailing address of limited liability company:	P.O. Box 440224	
(Note: MAY BE POST OFFICE BOX)	Miami, Florida 33144	
November 15, 2010	L10000119820	
3. Date of filing/registration in Florida	4. Document number	_
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	Teresa Quindemil	_
Registered Office Address:	8965 Southwest 11th Street	
•	Miami, Florida 33174	_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	V Registered Office address: Douglas J. Jeffrey, Esq.	
		_
NEW Registered Office Address:	6625 Miami Łakes Drive East	—
(MUST BE FLORIDA STREET ADDRESS)	Suite 379 Miami Lakes FL 33014	—
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Teresa Quindemil, MGRM Printed or typed name of signee I hereby accept the appointment as registered agent and agent agent and agent and agent and agent agent and agent agent and agent agent agent and agent age	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote be provided in the articles of organization or	to
comply with the provisions of all statutes relative to the profund I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to meraddress. I hereby confirm that he limited liability company	per and complete performance of my duties ition as registered agent as provided for in elv reflect a change in the registered office has been notified in writing of this change.	i, '
Signature of Registered Agent		
Division of Corporations, P.O. Box 632 FILING FEE: \$2:		
FILING FEE: 34.	S-00	

INHS18 (05/08)