· P04000115636

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COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJ	ECT: The F	Frog Group ne of Corporation					
DOC	UMENT NUMBER:	P04000115636					
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.					
	return all correspondence concerning this						
		•					
	1	Robin Horn					
		of Contact Person					
		Frog Group					
Firm/Company							
		203 Pier E					
	•	Address					
NAples,FL 34112 City/State and Zip Code							
	rhfrog	g@netzero.net					
E-mail address: (to be used for future annual report notification)							
	والمقطور والمراجع المراجع المر	The state of the s					
For further information concerning this matter, please call:							
10114	rule: mornation concerning and muner, p	nouse out.					
	Robin Horn	at (239) 248-6707 Area Code & Daytime Telephone Number					
	Name of Contact Person	Area Code & Daytime Telephone Number					
Enclo	sed is a \$35.00 check made payable to the	Department of State.					
	Mailing Address: Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building					

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stal	te of Florida
1. The name of t	the corporation: The F	Frog Group,IN	C (
2. The principal	office address: 200 + 1	or E Hapico, r E		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	08/06/2004	Document number:	P04000115636
	d street address of the curtment of State: (If resign	•	nt and registered office on f	ile with the
	Robin Horn			70
	1061 N. Alhambra	Circle		
	NAples, FL 34103			
6. The name and (if changed):		w registered agent (i	if changed) and /or register	ed office OALL 43
	203 Pier E			
	NAples, FL 34112	P.O. Box NOT ac	ceptable	
			dress of the business offic y its board of directors or led in writing of the chang	
Signatur	re of an officer of director		Robin Horn	
		istered agent and a issions of all statute d accept the obliga ct a change in the r g of this change.	agree to act in this capaci is relative to the proper ar ation of my position as reg egistered office address, I	ty, id complete performance vistered agent. Or, if this I hereby confirm that the
D'	mating of Project 1 A		02/12/2	2010
·	nature of Registered Agent half of an entity:		Date	
T	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *