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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Georgeson Group, Inc Name of Corporation
	Name of Corporation
DOCL	JMENT NUMBER: F0800001068
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Alan Georgeson
	Alan Georgeson Name of Contact Person
	Georgeson Group, Inc
	Firm/Company
	499 E. Palmetto Park Road, Suite 207
	Address
	Boca Raton, FL 33432 City/State and Zip Code
	City/State and Zip Code
	sharon.georgeson@georgesongroup.com
	sharon.georgeson@georgesongroup.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Also Common 504
	Alan Georgeson at (561) 241 3433 Name of Contact Person Area Code & Daytime Telephone Number
	Then code a Dayline Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address

Mailing Address: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

rursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes. this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: Georgeson Group Inc.
2. The principal office address: 499 E. Palmetto Park Road, Suite 207, Boca Raton, FL 33432
3. The mailing address (if different): 499 E. Palmetto Park Road, Suite 207, Boca Raton, FL 33432
4. Date of incorporation/qualification: 03/10/2008 Document number: F08000001068
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Alan Georgeson
4855 Technology Way, Suite 640, Boca Raton, FL 33431
TASS 20
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alan Georgeson 499 E. Palmetto Park Road, Suite 207
Boca Raton, FL 33432
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Alan Georgeson, President Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Averti
f signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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