## 560741

		(Requ	estor's Name)	
		(Addre	ess)	<u></u>
<u></u>		(Addre	ess)	
	···	(City/S	State/Zip/Phone	e #)
[	PICK-U	P	WAIT	MAIL
<del>-</del> - ·· ·		(Busir	ness Entity Nar	me)
		(Docu	ment Number)	
Certified	Copies	<del></del>	Certificates	s of Status
Specia	Instruction	s to Fil	ing Officer;	****

Office Use Only



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06 JUL 10 PH 2: 09
SEURETARY OF STATE
SEURETARY OF STATE

07/10/06--01032--024 \*\*35.00

RA to chy.

T. Roberts JUL 18 2006

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $_{\rm for}$ FQR CORPORATIONS

~	provisions of sections 60 unge is submitted for a co							
in orde	er to change its registered	d office or registered	d agent, or both, i	n the State of Flo	orida.			
1. The name of	the corporation:	CGS E	NTERPRISES	, INC.		* i. •		
2. The principal	office address:	5914 Long Bay	ou Way South	- · ·			· ·	
		St. Petersbur	g, FL 33708	<u> </u>	· <del></del> ·- <u>.</u>	* ,		
3. The mailing a	address (if different):	<del></del>		<u> </u>	<del>- 1 - 1 - 1 - 1</del>	<del></del>		
4. Date of incor	poration/qualification:	2/28/78	Document num	nber:56074	41		z	
	d street address of the currument of State:	rent registered ager	it and registered o	ffice on file with	ı the			
	WILLIAM H. BAI	RTLETT		· .	٠			
	200 Central Ave	200 Central Avenue, Suite 1600						
	St. Petersburg, F	FL 33701			A COL	90		
6. The name and (if changed):	i street address of the nev	w registered agent (i	f changed) and /o	r registered offic	RETARY AHASSE	JE 10	FIL	
	WILLIAM S. SH	EEHAN			E 9	25	E	
	5914 Long Bayou Way South  (PO. Box NOT acceptable)							
	St. Petersburg,	•			>	~		
The street addre as changed will	ess of its registered office be identical.	e and the street add	lress of the busin	ess office of its	registered	agent,	•	
Such change was authorized by the	as authorized by resolutine board, or the corporat	on duly adopted by ion has been notifi	tis board of direct in writing of t	ctors or by an o	officer so			
Million (Signati	we or an orticel or director)		William S. She	eehan, Presidentili		<del></del>		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely torreflec been notified in writing	istered agent and a sions of all statutes I accept the obliga t a change in the re y of this change.	gree to act in this relative to the p tion of my positio egistered office a	s capacity. roper and comp n as registered ddress, I hereby	olete perfor agent. Or confirm th	mance , if this at the		
Weller	m 5 Sheet			13/06		<del></del> -		
	mature of Registered Agent) half of an entity:		## 항목	(Date)		**		
	·	·						
(3	) ped or Printed Name)		-					

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

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