(((H23000098039 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE DEFOREST GROUP, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: DeForest Group, Inc.		
Name of Corporation		
DOCUMENT NUMBER: F0600003915		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ling.	
Please return all correspondence concerning this matter to the following:		
Mary Castillo		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkwy, Ste 400	<u></u>	2023 HAR
Address	5	
Austin, Texas 78735		ź
City/State and Zip Code		15 名
E-mail address: (to be used for future annual report notification)		9: 2
For further information concerning this matter, please call:	•	ω
Mary Castillo at (888) 705-7274		
Name of Contact Person Area Code & Daytime Teleph	none Nun	nber

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

H23000098039 3

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

statement of cha	provisions of sections 607.05 uge is submitted for a corpo	ration organi:	ed under the la	ws of the State o	r New Yor	
	r to change its registered off	•	*	th, in the State of	f Florida	
	the corporation: DeFore			<u>-</u>		
2. The principal	office address: 120 WC	OD RD.	. KINGST	ON, NY 1	2401	
	ddress (if different): PO E					
4. Date of incorp	poration/qualification: 6/2	/2006	Document	number: F06	0000039	115
	street address of the current tment of State: (If resigned,			ed office on file	with the	
	CT CORPOR	ATION	SYSTE	M		
	1200 SOUTH PINE IS	LAND ROA	AD.		 	2023 HAS
	PLANTATION		FL	33324		热 15
6. The name and (if changed):	I street address of the new re		•	•	office .	5 MH 9:
	Registered Age	ent Solu	tions, Ind	J.		: 23
	155 Office Plan	za Dr.	Suite A	4		ω
	Tallahassee	P.O. Box	NOT acceptable 3230	01		
The street addre	ess of its registered office ar be identical.	nd the street a	ddress of the bi	usiness office of	its registered	agent,
Such change wa authorized by th	as authorized by resolution one board, or the corporation	duly adopted l has been noti	by its board of fied in writing	directors or by a of the change.	in officer so	
Isl Alan F.	Deforest e of an officer or director		Alan F. De	eForest	Preside	nt
I hereby accept I further agree t of my duties, an document is bei	the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a c been notified in writing of	is of all statut cept the oblig change in the	agree to act in	this canacity		rmance ; if this hat the
Ма	usi dil		03/14/20)23		
Sign	nature of Registered Agent			Date		
lf signing on be	half of an entity:					
Mackenzie Hible	r, Assistant Secretary					
T	sped or Printed Name					
	* * *	FILING FEE	E: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)