## F0600000046005

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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08/15/14--01018--005 \*\*35.00

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RARD Ch8



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: August 13, 2014

Order#: 251124-001

Re: CIRCLE DESIGN GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Morgan Kennedy

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation orge	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of <mark>IN</mark> stered agent, or both, in the State of Florida.	this
	he corporation: CIRCLE DESIGN GRO		
	office address: ST STREET, SUITE F., INDIANAPOL		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/05/2006	Document number: F06000004605	
	I street address of the current registered timent of State: (If resigned, enter resigned)	l agent and registered office on file with the ned)	
	C T CORPORATION SYSTEM		7 12
	1200 SOUTH PINE ISLAND ROAD  PLANTATION  FL 33324		
	PLANTATION	FL 33324	5 -
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	24 1: 1-7 26 25 25 25 25 25 25 25 25 25 25 25 25 25
	Corporation Service Company		
	1201 Hays Street		
		OT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its registe	ered agent,
Such change wa authorized by the	as authorized by resolution duly adopt ne board, or the corporation has been i	ed by its board of directors or by an officer anotified in writing of the change.	so
0	726 >-	Dona Priebe, Vice President	
Signati	re of an officer or director	Printed or typed name and title	
performance of agent. Or, if the hereby confirm	my duties, and I am familiar with and	and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as reg eflect a change in the registered office addre I in writing of this change.	istered 288, I
•	nature of Registered Agent	08/12/2014	
Sig	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
Grace E. Kirby	, Asst. Vice President		
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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