(Requestor's Name)			
(Address)	7001874		
(Address) (City/State/Zip/Phone #)	11/08/100		
PICK-UP WAIT MAIL (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	•		
Special Instructions to Filing Officer:	PART OF THE PROPERTY OF THE PART OF THE PA		

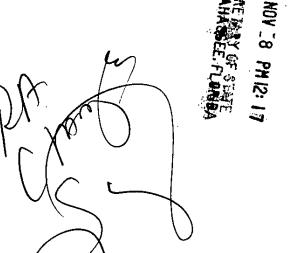
Office Use Only

11/12/10



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Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

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

DATE: STATE: **REP UNIT:**

11/3/2010 **FLORIDA** CMGRP, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #20028 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

> Capitol Corporate Services, Inc. Registered Agent Services



COVER LETTER

TO: Amendment Section Division of Corporat	ions				
subject: <u>CMGRP</u>	, INC.	rporation			
DOCUMENT NUMBER: F9600003406					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Myra Homer Name of Contact Person					
Capitol Services Registered Agent Department					
800 Brazos, Suite 400					
Austin, Texas 78701 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Myra Homer at (800) 345-4647 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Con	tact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
Am Div P.O	ling Address: endment Section ision of Corporations . Box 6327 ahassee, 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 Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this

•	nge is submitted for a corporation org r to change its registered office or reg		-	*		
	the corporation: CMGRP, INC.	3	,	.,		
	office address: 919 Third Avenue		•			
	, NY 10022					
-	ddress (if different): 8000 Normai	n Center Dri	ive 400	·		
	ngton, MN 55437					
4. Date of incorp	poration/qualification: 7/3/1996	3/1996 Document number: F9600003406				
	i street address of the current registered trnent of State: (If resigned, enter resigned)		stered office on file	e with the		
	C T Corporation System					
	1200 South Pine Island Rd					
	Plantation	FL	33324			
6. The name and (if changed):	Street address of the new registered age Capitol Corporate Service		Zip Code) and /or registered	loffice		
	155 Office Plaza Drive, Street Address (P.O. Box NOT acceptable)	Suite A				
	Tallahassee	<u>FL</u>	32301			
	City	State	Zip Code			
The street address changed will	ess of its registered office and the stre be identical.	et address of th	e business office	of its registered agent,		
Such change was authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board notified in writ	d of directors or bing of the change	y an officer so		
MYY	l Homer	Myra Home	er	Attorney-in-fact		
•	re of an officer or director	Name (pr	inted or typed)	Title (printed or typed)		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in s been notified in writing of this chan	and agree to actatutes relative obligation of my the registered ge.	ct in this capacity, to the proper and position as regis office address, I h	complete performance tered agent. Or, if this tereby confirm that the		
<u>Delai</u>	nature of Registered Agent		11-3-10 Date			
If signing on bel	half of an entity:					
Delanie Case	e, Asst. Secretary on behalf					
of Capitol Co	orporate Services, Inc.					
	Name (printed or typed) * * * 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)