## · 6-99893

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE
AND ANASSEE FLORID

FEB 13 2012 T. ROBERTS

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	Commercial Prope	erties Group, Inc.	
DOCUMENT NUMBE	CR:	G99893	
The enclosed Statement	of Change of Registered Off	ice/Agent and fee are submitte	ed for filing.
Please return all corresp	ondence concerning this mat	ter to the following:	
·	Neil Fago Name of C	gen. Esquire Contact Person	<del></del>
	Coreq Firm/	roup, Inc. Company	
	1101 Favette St	reet. Second Floor Idress	
<del></del>	Conshohoc City/State	ken, PA 19428 and Zip Code	
E-m	neil.faggen ail address: (to be used for	@gmail.com future annual report notific	eation)
For further information of	concerning this matter, please	e call:	
Ne	il Faggen	at ( <u>610</u> ) Area Code & Daytim	825-8300
Name of	Contact Person	Area Code & Daytim	e Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depa	artment of State.	
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Sect Division of Corp	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

1. The name of the corporation: Commercial Properties Group, Inc.
2. The principal office address: c/o 16400 N.W. 2nd Avenue.
Suite 200, Miami, FL 33169
3. The mailing address (if different): c/o 16400 N.W. 2nd Avenue.
Suite 200, Miami, FL 33169
4. Date of incorporation/qualification: 04/26/1984 Document number: G99893
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)
Florida Department of State: (If resigned, enter resigned)  CY PROPERTIES FNC. Attn. China Grill  404 Washington Ave
404 Washington Ave
Miami Beach, FL 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jeffrey Chodorow
16400 N.W. 2nd Avenue, Suite 200
P.O. Box NOT acceptable  Miami, FL 33169
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 charge 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.    Jeffrey Chodorow V P   Printed of typed name and lifts   Printed of typed name and lift
I 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 theing 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 Agent Date
If signing on behalf of an entity:

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