H24065

(Reque	estor's Name)	
(Address)		
(Addre	ss)	
(City/Si	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Con LUANS By July	ng Officer. OFFICER. C	ment eve

Office Use Only



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SECRETARY OF STATISHE SECRETARY OF CORPORATION 47

DEC 1 0 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. The Cummins Group, Inc.

Name of Corporation

OCHMENT NUMBER, 32012

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:

James Cummins

Name of Contact Person

The Cummins Group

Firm/Company

45136 Cass Ave,

Address

Utica, MI 48317

City/State and Zip Code

jcummins@cumminsgroup.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Cummins

.586

924-4440

Name of Contact Person

Area Code & Daytime Telephone Number

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
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, statement of change is submitted for a corporation organiz in order to change its registered office or register	red under the laws of the State of Florida
1. The name of the corporation: The Cummins Gro	yp, Inc,
2. The principal office address: 45136 Cass Ave, N	AI 48317
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/4/198	4 Document number: H24-065
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	
Philip Steiner	C Carrie
822 97th AH	
Naples, F2 34	107
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office
Steven Flood	
1065 Borchese Ln.	
Naples, FL 34114	cceptable
The street address of its registered office and the street as changed will be identical.	ddress of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.
	James Cummins, President
Signature of an officer or director I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status performance of my duties, and I am familiar with and accept. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	tes relative to the proper and complete cent the obligation of my position as registered
*Atwirdoor	November 20,2012
Signature of Registered Agent	Date
If signing on behalf of an entity:	
The Cummins Group, Inc Typed or Printed Name	* ·

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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