L01000020239

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COVER LETTER

TO:

Registration Section

Divi	sion of Corporations			
	Focus Development Group, LLC			
SUBJECT:	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.	
Please return	n all correspondence concerning this	s matter to the	following:	
Jeffrey A (Graef			
	Name of Person			
Focus Dev	velopment Group, LLC			
	Firm/Company			
950 Penin	sula Corporate Circle Suite 20)05		
	Address		_	
Boca Rato	on, FL. 33487			
	City/State and Zip Code			
jgraef@fo	cusdevelopmentgroup.com			
E-mail	address: (to be used for future annu	al report notif	īcation)	
For further i	nformation concerning this matter,	please call:		
Jeffrey A (Graef	56 1	755-7170	
	Name of Person	at (Area Code & Daytime Telephone Number	
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following	amount:		
≥ \$	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	
INHS18 (2/14	1)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: Focus Develop	opment Group, LLC	
2. (a	950 Peninsula Corporate Circle	(b) 950 Peninsula Corporate Circle	
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:	
	Suite 2005	(<u>Note: MAY BE POST OFFICE BOX)</u> Suite 2005	
	Boca Raton, FL. 33487	Boca Raton, FL. 33487	
	11/19/2001	L01000020239	
3.	Date of filing/registration in Florida	4. Document number	
5. (a) Jeffrey A. Graef		
	Registered Agent and Registered Office shown on the records of the		
	3690 Airport Rd	TALE 15	
	Registered Office Address (MUST BE FLORIDA STREET A Suite 9	ADDRESS) LLAHASS	
	Boca Raton , FL	33431	
		D STATE STATE	
(t	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:	
	Enter mand of Albert Avegistered Agent and of Albert Avegistered	TOTILE AUDICSS.	
	950 Peninsula Corporate Circle		
	NEW Registered Office Address:		
	Suite 2005		
	Boca Raton , FL	_33487	
If the	e limited liability company is not organized under the law	ws of the State of Florida, it is hereby confirmed that after	
the cagen was/	hange or changes are made, the Florida street address of t will be identical Qr, in the case of a Florida limited lia	f the registered office and the business office of the registere ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in	
	(i/m/	Jeffrey A. Graef	
Sig	nature of a member of authorized representative of a member	Printed or typed name of signee	
prov the o to me	reby accept the appointment as registered agent and agre isions of all statutes relative to the proper and complete bligations of my position as registered agent as provided erely reflect a change in the registered office address, I h ied in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accep ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	
Signa	ature of Registered Agent		
		Box 6327● Tallahassee, FL 32314 FEE: \$25.00	