Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To: Division of Corporations					
	Fax Number : (850)617-6383				
From:			ŚĘ		
_	Account Name : CORPORATION SER	VICE COMPANY	1		
	Account Number : I20000000195 Phone : (850)521-0821				
	Fax Number : (850)558-1515		U		
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Electronic Filing Menu

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COVER LETTER

O: Registration Section Division of Corporations						
Utilities Marketing Group, Lt.	.C					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.				
lease return all correspondence concerni	ng this matter to the	fellowing:				
Laura Zepeda						
Name of Person						
Utilities Marketing Group, LLC						
Firm/Company		······································				
6275 South Poart Street, Suite 100						
Address						
Las Vegas, NV 89120						
City/State and Zip C	ode					
tzepeda@agrgroupinc.com						
E-mail address: (to be used for futur	re armual report noti	lication)				
For further information concerning this ix	latter, please call:					
Laura Zepada	702 at (978-6165				
Name of Person	**! {	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the follo	shuoma gaiwe					
Q \$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy				
INH\$18 (2/14)						

H20000304221 3

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 affice or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Utilities Marketing	Grov	p, LLC			
2. {		8550 Ulmerton Road, Suite 160, Largo, Ft. 33771	i	6275 S. Pe	arl St., Ste 190, Las V	egas, NV 89120	
~ · (Principal office address of limited liability company: (Note: MIUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.		12/07/2001 Date of filing/registration in Florida		L010000211	42 Document number		
5.	(a)	Maria Carroll		de Flant of Crean			
		Registered Agent and Registered Office shown on the records of the 8550 Ulmerton Road	na isopi, or state:		Q_{D}		
	Registered Office Address (MUST BE FLORIDA STREET A. Suite 160	SSI	7020 SEP				
		Largo FL			<u>-</u>		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D 4: 58	J		
		Corporation Service Company SEW Registered Office Address:					
		1201 Hays Street					
			3230				
age chi	nge 'In:	imited liability company is not organized under the law or changes are made, the Florida street address of the avill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lattice of a member or authorized representative of a member	registe bility Cuball	red office and company, it is exited liability	the business office of hereby confirmed that	the registered the change(s) vise provided in	
Hill	нунг	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.			city. I further agree to utes, and I am familia F.S. Or, if this docum is limited liability com	o comply with the or with and accept nent is being filed pany has been	
Ši	iny.	we of Registered Agent Spranda & Holling	s _{ant} ika i sam	o Lant			

Division of Corporations* P.O. Box 6327* Tallahassee, FL 32314 **FILING FEE: \$25.00**