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K. S.ALY EXAMINER JUL 11

## **COVER LETTER**

Division of Corporations	
SUBJECT: The Cypress Group Name of Limit	ed Liability Company
Dear Sir or Madam:	, ,
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Linda G. Sunder Name of Person	
The Cypress Group, LL Firm/Company	<u> </u>
1000 Primera Blvd Address	<del></del>
Lake mary FL 3274 City/State and Zip Code	<u>(</u>
linda Sander Q Cypressaro E-mail address: (to be used for future annual report	ouple org
For further information concerning this matter, please call	l:
. /	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.	Na	me of the limited liability company: The Cypress Group, LLC
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b)   OO Prime to Blvd  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Lake Mary, FL 32746 Lake Mary, FL 32746
3.		Date of filing/registration in Florida  LO400001569  Document number
	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	(b)	Linda G. Sander  Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
the ag	e cha ent v as/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after unge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
9	Signa	ture of a member or authorized representative of a member  Linda G. Coper TKa Sander  Printed or typed name of signee
I pr th	here ovis e obi mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
<u>-5</u>	gnati	re of Registered Agent