

L040000 42063

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(City/State/Zip/Phone #)

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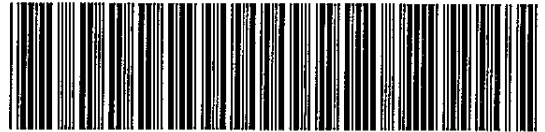
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: CITY CAPITAL GROUP, LLC  
(Name of corporation)

DOCUMENT NUMBER: L 04 0000 42063

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:

GRANT FREEL  
(Name of contact person)

CITY CAPITAL GROUP, LLC  
(Firm/Company)

1355 W. PARKWAY PARK ROAD, SUITE 206  
(Address)

BOCA RATON, FLORIDA, 33486  
(City/state and zip code)

For further information concerning this matter, please call:

GRANT FREEL at (561) 445 5434  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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05 APR 13 AM 8:53  
SECRET  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 5, 2005

GRANT FREER  
1355 W. PALMETTO PARK ROAD STE 261  
BOCA RATON, FL 33486

SUBJECT: CITY CAPITAL GROUP, LLC  
Ref. Number: L04000042063

FILED  
05 APR 13 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We have received your document for CITY CAPITAL GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 705A00023108

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: CITY CAPITAL GROUP, LLC
2. The mailing address of the limited liability company is : 1355 W. PALMETTO PARK ROAD, SUITE 261,  
BOCA RATON, FL 33486

3. Date of filing/registration in Florida  
JUNE 04, 2004

4. Document number  
LO4000012063

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY  
Name

1201 HAYS STREET  
Address

TALLAHASSEE, FLORIDA, 32301  
City, State and Zip

6. The name and address of the new registered agent and/or office:

GRANT FREER  
Name

1355 W. PALMETTO PARK ROAD, SUITE 261  
Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33486  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

GRANT FREER  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314