205000094039

(Requestor's Name) (Address)	900211768639
(Address)	90021170003 9
(City/State/Zip/Phone #)	T-I PH 0 12 ASSEE, FLERIDA
(Business Entity Name) (Document Number)	10/01/1201030015 **25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT OCT -3 2012	

EXAMINER

Office Use Only

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		Mirage Group LLC
	Name of t	Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to the following:
	Leslie N. Reizes, Esq.	
	Name of Person	
	Reizes Law Firm, Chartere	A CLA
	Firm/Company	
•		aite 301
	1200 South Federal Highway, St	uite 301
	Address	
	Boynton Beach, FL 3343	
	City/State and Zip Code	<u> </u>
	reizes@bellsouth.net	
E	-mail address: (to be used for future annual report	notification)
For f	urther information concerning this mat	ter, please call:
	Leslie N. Reizes	at (561)736-2600
	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	P.O. Box 6327 Tallahassee, Florida 32314
	Tallahassee, Florida 32301	Tallallassee, Florida 32314
	Enclosed is a check for the followi	ng amount:
	✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. Name of the limited liability company:	Mirage Group LLC
2. (a) Principal office address of limited liability	ty company: 1200 South Federal Highway, Suite
(Note: MUST BE STREET ADDRESS	S) Boynton Beach, FL 33435
(b) Mailing address of limited liability comp	pany: 1200 South Federal Highway, Suite
(Note: MAY BE POST OFFICE BOX)	Boynton Beach, FL 33435
9/26/2005	L05000094039
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	Maryann Metz
Registered Office Address:	1200 South Federal Highway Suite 301 Boynton Beach, FL 33435
(b) Enter name of <u>NEW Registered Agent</u>	and/or NEW Registered Office address
NEW Registered Agent:	Reizes Law Firm, Chartered
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	1200 South Federal Higway, Suite 301 Boynton Beach, FL 33435 FL
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. Signature of a member or authorized representative of a member of a member of authorized representative of a member of a mem	
Loglio N. Boiros	
Leslie N. Reizes Printed or typed name of signee	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this accument is being address, I hereby confirm that the limited liability	igent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
Signature of Registered Agent	

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