## L07000018977

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cornelius Investment Group LLC (Name of Limited 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:
Elaina Legros (Name of Person)
Cornelius Investment Group LC (Firm/Company)
1950 Summer Club Dr. APT 104 (Address)
OViedo, FL 32765 (City/State and Zip Code)
For further information concerning this matter, please call:
Clara Legros at (239) 839-1301  (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clore Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\bigcup  \text{\$55 Filing Fee & Certified Copy}

INHS18 (8/05)

## 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.

υ,	
1. The name of the limited li	ability company is: <u>Cornelius Investment Group UC</u>
2. The mailing address of the	e limited liability company is: 1950 Summer Club DR 4P4
Oviedo, FI	
2/20/2001	L07000018977
3. Date of filing/registration	
Elanida Danantmant of Stat	agent and the registered office address as shown on the records of the  Watalie B Wells  Name  97/1 Las Casas DR  Address  Foet Myers, Fl. 339/9  City, State and Zip
6. The name and address of t	City, State and Zip  the new registered agent and/or office:  Elaina Legros  Name  1950 Summer Club Dr. API 104  Ilorida street address (P.O. Box NOT acceptable)
	Oviedo FL 32765 City, State and Zip
confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite or the operating agreement of the operating agreement of the operating agreement of the operating agreement of a member or antiforized the operation of the o	ny is not organized under the laws of the State of Florida, it is hereby ge or changes are made, the Florida street address of the registered office registered agent will be identical. Or, in the case of a Florida limited y confirmed that the change(s) was/were authorized by an affirmative vote d liability company or as otherwise provided in the articles of organization f the limited liability company.
(Printed or typed name of signee)  I hereby accept the appointing comply with the provisions of and I am familiar with and all Chapter 608, F.S. Or, if this address I hereby confirm the signature of Registered Agent)	nent as registered agent and agree to act in this capacity. I further agree to fall statutes relative to the proper and complete performance of my duties, ecept the obligations of my position as registered agent as provided for in document is being filed to inerely reflect a change in the registered office at the limited liability company has been notified in writing of this change.

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