

DOCUMENT# L07000054621

Entity Name: COMMUNITY PROFESSIONAL SERVICES GROUP, LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
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Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COZAD, ROSA M
Address: 8925 COLLINS AVENUE, 4J
City-St-Zip: SURFSIDE, FL 33154 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROSA M COZAD

MS

04/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date