## LO80000 8690

(Requestor's Name)  (Address)  (Address)  - (City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
			ONSUMER GROUP LLC Limited Liability Company					
		Name of Lim	iited 151	aomi	Compan	y		
Dear	Sir or Madam:							
The	enclosed Registered Agent/R	legistered Offic	ce Cha	inge a	nd fee(s) a	are submitte	ed for filing	
Pleas	se return all correspondence	concerning this	s matte	er to th	ne followin	ng:		
	Jhan T. Lenno							
	Name of Perso	מנ					·w-***	r ;
								6 6
The Consumer Group LL0							32 71S	٣
	Firm/Compan	у						₽-3 :
								12
595 South Federal Highway Suit			210					73.00
Address							ريد <del>(داد</del> الاستان اللهام	गम्
							201	$\mathcal{Q}$
	Boca Raton, Flo	rida 33432					,A°20-	-
	City/State and Zip							
	jhan@baccus E-mail address: (to be used for future	llc.com						
1	E-mail address: (to be used for future	annual report notific	cation)					
For f	urther information concernir	ıg this matter, p	please	call:				
	Jhan T. Lennon	at	i ( 50	61 ·	)	361-49	900	
	Name of Person			Ar	ea Code & D	aytime Telepho	one Number	
	STREET/COURIER ADD	RESS:			ING ADI			
	Registration Section Division of Corporations				tration Sect on of Corp			
	Clifton Building				30x 6327	orations		
	2661 Executive Center Circl	e		Tallah	assee, Flor	ida 32314		
	Tallahassee, Florida 32301							
	Enclosed is a check for t	he following a	moun	t:				
	\$25 Filing Fee			\$55	Filing Fee	& Certifie	d 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.

Name of the limited liability company:	The Consumer Group LLC					
2. (a) Principal office address of limited liability comp	y: The Consumer Group LLC					
(Note: MUST BE STREET ADDRESS)	595 South Federal Highway Suite 210 Boca Raton, Florida 33432					
(b) Mailing address of limited liability company:	The Consumer Group LLC					
(Note: MAY BE POST OFFICE BOX)	595 South Federal Highway Suite 210 Boca Raton, Florida 33432					
9/12/08	L08000086904					
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:	Matthew M. Inskeep					
Registered Office Address:	2299 Acorn Palm Road Boca Raton, FL 33432					
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	NEW Registered Office address: 5					
NEW Registered Agent:	Jhan T. Lennon Esq.					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	595 South Federal Highway Suite 210 Boca Raton FL33432					
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization					
Printed or typed name of signee						
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.					

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