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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)	_				
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•		¥	
SUBJECT: Florida	Conte	mpor	ary Gr	oup, LLC
Name o	of Limited	d Liabi	lity Con	npany
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office (Change	e and fee	e(s) are submitted for filing.
The enclosed Registered Agenta Registered	2 011100	chang.	o una 100	(b) a. v babiiiii a tot 1B.
Please return all correspondence concerning	ng this m	atter to	the foll	lowing:
Jason Vermilya				
Name of Person				
Florida Contemporary Gro	auo			
Firm/Company				
263 Mileham Drive				
Address			_	
7.44.00				
Out-10- El 00005				
Orlando Fl 32835 City/State and Zip Code				
City/state and Zip Code				
jvermilya@gmail.com	ı			
E-mail address: (to be used for future annual repo	ort notificati	on)		
			•	
For further information concerning this m	atter, ple	ase cal	1:	
Jason Vermilya	at (_	321)	217-5657
Name of Person			Area Cod	le & Daytime Telephone Number
STREET/COURIER ADDRESS:		M	AILING	ADDRESS:
Registration Section		Re	gistratio	n Section
Division of Corporations				Corporations
Clifton Building			D. Box 6	
2661 Executive Center Circle		Ta	llahassee	e, Florida 32314
Tallahassee, Florida 32301				
Enclosed is a check for the follow	wing am	ount:		•
\$25 Filing Fee		□ s	55 Filin	g 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.

Name of the limited liability company:	Florida Contemporary Group, LLC
2. (a) Principal office address of limited liability c	company: Attn: Jason Vermilya
(Note: MUST BE STREET ADDRESS)	263 Mileham Drive
(b) Mailing address of limited liability company	· · · · · · · · · · · · · · · · · · ·
(Note: MAY BE POST OFFICE BOX)	
2-23-09	L09000018
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Aaron M Barcellona
Registered Office Address:	7450 Dr. Phillips Blvd Suite 306 Orlando Florida 32835
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	Jason Vermilya 263 Mileham Drive
<u>(MUST BE FLORIDA STREET ADDRES</u>	Orlando ,FL32835
and the husiness office of the registered agent will	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Printed or typed name of signee I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, Thereby confirm that the limited liability of	ent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office 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

INHS18 (05/08)