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SECRETARY OF STATE

N. Culligan JAN 27 2011

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: CONSTRUCTIVE ON Name of Limite	AROUP, LLC d 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 n	natter to the following:
ALAN GEORGESON Name of Person	
CONSTRUCTIVE GROUP, I	<u>LC</u>
499 E. PALMETTO PARK RE) SUITE 207
BOCA RATOV, FL 33432 City/State and Zip Code	2
E-mail address: (to be used for future annual report notification	iesonapour. Coh
For further information concerning this matter, ple	ase call:
· · · · · ·	305) 394 01 62
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



January 18, 2011

ALAN GEORGESON 499 E. PALMETTO PARK ROAD SUITE 207 BOCA RATON, FL 33432

SUBJECT: CONSTRUCTIVE GROUP, LLC

Ref. Number: L09000070241

We have received your document for CONSTRUCTIVE GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 911A00001393

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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:	CONSTRUCTIVE GROUP, LLC
2. (a) Principal office address of limited liability c	ompany: 499 E. PALMETTO PARK
(Note: MUST BE STREET ADDRESS)	SUITE 207 BOTA RATION, FL 33 432
(b) Mailing address of limited liability company	299 E. PALHETTO PREK
(Note: MAY BE POST OFFICE BOX)	BOCA PATON, FL 33432
07/22/2009	L09000070241
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:	ALAN GEORGESON
Registered Office Address:	SUTTE 640 BOCA RATION FL 3343 PR
(b) Enter name of NEW Registered Agent and	or NEW Registered Office address:
NEW Registered Agent:	ALAN CIECRCESCON SIGNE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	SUITE 207 PACK SDEP BOCA PATON FL 33437
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or a or the operating agreement of the limited liability company.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited lange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Man Gear	
Signature of a member or authorized representative of a member	
Printed or typed name of signee	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.

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

Signature of Registered Agent