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EXAMINER



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SECRETARY OF BASE

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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: CMA Adv	isory Group, LLC
2. (a) Principal office address of limited liability company	10000 De Olegon T.
(Note: MUST BE STREET ADDRESS)	Suite 143 Orlando, FL 32809
(b) Mailing address of limited liability company:	6220 S. Orange Blossom Trail
(Note: MAY BE POST OFFICE BOX)	Suite 143 Orlando, FL 32809
September 19, 2009 3. Date of filing/registration in Florida	L090009088Z 4. Document number
	,
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Core Group Services, Inc
Registered Office Address:	Amelia Island, FL 32034
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
<u>NEW</u> Registered Agent:	Randy D. Russo
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6220 S. Drange Blossom Trail Suite 145 Driando ,FL 32809
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident hability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office- tical. Or, in the case of a Florida limited) was/were authorized by an affirmation vote of wise provided in the articles of organization.
Dovid A Russo	
Printed or typed name of signee	<u>မ</u> နိုင်ငံ
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608, F.S. On, if this document is being filed to me address, a hareby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Regultered Agent Division of Corporations P.O. Poy 63	27 Tollohoosee El 22214
Division of Corporations, P.O. Box 63	47, Tahanassee, FL 52514

FILING FEE: \$25.00