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SECRETARY OF STATE THE AHASSEE, FLORIDA

JAN, 1 0 2012 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ			rgy Group L I Liability Con		
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered (Office (Change and fee	e(s) are submitt	ed for filing.
Please	e return all correspondence concerning	this m	atter to the foll	lowing:	
	Brian Lynn Name of Person	· <u> </u>			
	Brian Lynn CPA Firm/Company				
	2 S. University Drive Suite 2	<u>15</u>	· · · · · · · · · · · · · · · · · · ·		2012 JAN SEGRETI PATECAHA
	Ft Lauderdale/Fla 33324 City/State and Zip Code				-9 PM 2: ARY OF STA SSEE, FLOR
E-	tklawand@hotmail.com -mail address: (to be used for future annual report r	otificatio	n)		Gm S
For fu	rther information concerning this matt	er, plea	se call:		
	Anthony Lawand Name of Person	_ at (954) Area Code	608-6	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration Division of (P.O. Box 63	Corporations	
	Enclosed is a check for the following	ıg amo	unt:		
***	\$25 Filing Fee		\$55 Filing	Fee & Certific	ed 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:	Nu Energy Group LLC	_		
2. (a) Principal office address of limited liability compan	2455 E Sunrise Blvd. Suite 800			
(Note: MUST BE STREET ADDRESS)	Fort Lauderdale, Fla. 33304	_		
(b) Mailing address of limited liability company:	1994 E Sunrise Blvd. #223	_		
(Note: MAY BE POST OFFICE BOX)	Ft lauderdale, Fla 33304			
12/01/2010	L10000123520	_		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	n the records of the Florida Dept.			
Registered Agent:	Corporation Service Company	— <u></u>		
Registered Office Address:	1201 Hays Street Tallahassee, Fla. 32301	- 1 T		
		· Para		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	ு சார் ச			
NEW Registered Agent:	Brian Lynn CPA	_		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2 S. University Drive Suite 215			
	Plantation ,FL 33324			
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 identiability 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. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote	:		
Anthony Lawand				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to roper and complete performance of my duties osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.	'0 ,		
Signature of Registered Agent				

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