## #11000096233

(Re	equestor's Name)	<del></del>
(Ad	dress)	<u> </u>
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K.SALY EXAMINER OCT 22 2012

## **COVER LETTER**

Division of Corporations				
Division of Corporations				
0				
	usiness Group, LLC			
Name of Limite	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:			
Ronald Cameron				
Name of Person				
Cameron Business Group, LLC				
Firm/Company				
1500 NW 1st Street, Suite 1-P				
Address				
Dania Beach, FL 33004				
City/State and Zip Code				
Roncameron@cameronbiz.com  E-mail address: (to be used for future annual report notificat				
E-mail address: (to be used for future annual report notificat	lon)			
For further information concerning this matter, ple	ease call:			
Ronald Cameron at (	954 ) 294-0357			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	•			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
T west ming i w	was runing recat continued copy			

INHS18 (5/08)

## 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 lia	bility company:	Cameron Business Group, LLC			
2. (a) Principal office add	cipal office address of limited liability company:		1500 NW 1ST STREET		
(Note: MUST BE	STREET ADDRESS)	SUITE 1- DANIA BE	EACH FL 3300	4 US	
(b) Mailing address of	limited liability company:	150	00 NW 1ST ST	REET SUITE 1	
(Note: MAY BE	POST OFFICE BOX)	SUITE 1-F DANIA BE	ACH FL 33004	4 US	
08/22/20	<del> </del>		L110000962	33	
3. Date of filing/registration	on in Florida	4. Documer	it number		
5. (a) Registered Agent a	and Registered Office shown	on the records of	of the Florida De	pt. of State:	
Registered Agent:		UNITED S	STATES CORP	ORATION AG	
Registered Office	Address:	SUITE A	NDING OAK C	OURT_	
(b) Enter name of <u>NEV</u>	W Registered Agent and/or )	NEW Registere	d Office addres	BO THE	
NEW Registered A	Agent:	Ronald Ca	ameron	- T	
<u>NEW</u> Registered ( (MUST BE FLOR	Office Address: IDA STREET ADDRESS)	1500 NW Suite 1-P Dania Bea	1ST STREET	FE330046	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement.  Signature of a member or authorized	pany is not organized under ange or changes are made, the registered agent will be ideby confirmed that the change ted liability company or as of the limited liability or as of the liabil	the laws of the S the Florida street dentical. Or, in the se(s) was/were attherwise provide therwise.	tate of Florida, i address of the re the case of a Flor uthorized by an ad in the articles	t is hereby gistered office rida limited affirmative vote of organization	
Don-					
Printed or typed name of signee	ld Cameron				
70	ntment as registered agent and soft all statutes relative to the laccept the obligations of miss document is being filed to that the limited liability comp	nd agree to act it proper and con position as reg merely reflect a pany has been no	n this capacity. nplete performan istered agent as i change in the r otified in writing	I further agree t nce of my duties, provided for in egistered office of this change.	
Signature of Registered Agent					

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