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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	i		
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COVER LETTER

TO:	Registration Section Division of Corporations		
SHR I	JECT: T	he CARL Group LLC	
SUD		f Limited Liability Company	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning	ig this matter to the following:	
	Anne Bogen		
	Name of Person		
	The CARL Group LLC		
••••	510 NW 84 Ave # 434		
	Address		
	Plantation, FL 33324 City/State and Zip Code		
F	annebogen@hotmail.con -mail address: (to be used for future annual report	m rt notification)	
For fu	urther information concerning this ma	atter, please call:	
	Anne Bogen	at (305) 335-8074	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the follow	ving amount:	
.,,	\$25 Filing Fee	\$55 Filing 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:	The CARL Group	The CARL Group LLC	
2. (a) Principal office address of limited liability compa	any: 510 NV	/ 84 Ave # 434	
(Note: MUST BE STREET ADDRESS)	Plantation, FL 33324	·	
(b) Mailing address of limited liability company:	1007 N. Fede	ral Hwy Suite 76	
(Note: MAY BE POST OFFICE BOX)	Fort Lauderdale, FL	33304	
02/03/2012	L120000	F307 S	
3. Date of filing/registration in Florida	4. Document number	F 23	
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	a Dept. of State:	
Registered Agent:	Anne Bogen	Troot	
Registered Office Address:	20620 NW 5 Street Pembroke Pines, FL	33029	
NEW Registered Agent: NEW Registered Office Address:	510 NW 84 Ave # 43	510 NW 84 Ave # 434	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	510 NW 84 Ave # 43	510 NW 84 Ave # 434	
	Plantation	,FL <u>33324</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne laws of the State of Florice Florida street address of the entical. Or, in the case of a e(s) was/were authorized by herwise provided in the artifany.	da, it is hereby he registered office Florida limited an affirmative vote cles of organization	
Anne Bogen			
Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 1808, F.S. Or, if this document is being filed to address, Thereby confirm that the limited liability comp	d agree to act in this capac proper and complete perfo position as registered agen merely reflect a change in t any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.	
Signature of Registered Agent			