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ALTUS MULTINATIONAL GROUP, LLC

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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 605.0114, 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: ALTUS MULT	ΓΙΝΑΤΙΟΝΑL GROUP, LL	.C	
. (a) Principal office address of limited liability company: 500 Ferry Blvd. (Note: MUST BE STREET ADDRESS) Stratford, CT 08615			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
August 9, 2011	M11000003980		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dep	ot. of State:	
Registered Agent:	Registered Agent: Corporation Service Compan		
Registered Office Address:	1201 Hays Street		
	Tallahassee, FL 32301-2525	<u>क्रिक</u> ज	
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address		
NEW Registered Agent:	National Corporate Researc	h, Ltd., Ino.	
NEW Registered Office Address:	155 Office Plaza Drive	The second second	
(MUST BE FLORIDA STREET ADDRESS)	Talinhaasee	FL 32301	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida etreet address of the rec	rictored office	
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of my post and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company		further agree to ce of my duties, provided for in gistered office of this change.	
Division of Corporations, P.O. Box 63:	27. Tallahassee, FL 32314		

FILING FEE: \$25.00

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