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<u> agan</u>		
CAGAN MANA		G R O U P I N C
16554 CAGAN CROSS	SINGS BLVD., #4,	CLERMONT, FL 347
<u> </u>		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
	·	•
(Bu	siness Entity Nam	ne)
(100	Siness Entity Hair	,,,,
(Do	cument Number)	•
Certified Copies Certificates of Status		
		•
, ,	Filing Officers	
Special Instructions to	Filing Oπicer:	
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Rachange

0-01-04

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ge is submitted for a corporation organ to change its registered office or regist e corporation: THE BROWNSTONE	ered agent, or both, in the State	
			ERS ASSOCIATION, 1.
2. The principal of	ffice address: 5115-16th Ave		
2 The mailine of	Tampa, FL 33	619	
5. The maning au	dress (if different):		
4. Date of incorpo	ration/qualification: 2005	Document number:N()5000002342
	street address of the current registered a ment of State: (If resigned, enter resigned		le with the
_	Arthur Wood	s	<u> </u>
	5115-16th A	ve South	2 09 S
-	Tampa, FL	33619	EP 25
6. The name and s (if changed):	street address of the new registered age		71
-		ement Group, Inc.	T. LL
_	-	Crossings Blvd #4	1
		OT acceptable	
-	Clermont, F		
The street address as changed will be	s of its registered office and the street be identical.	t address of the business office	e of its registered agent,
Such change was authorized by the	authorized by resolution duly adopte board, or the corporation has been n	ed by its board of directors or lottified in writing of the chang	by an officer so e.
	of an officer of director	Arthur Woods Dir	
I further agree to of my duties, and document is bein	he appointment as registered agent a comply with the provisions of all sta I am familiar with and accept the ob g filed merely to reflect a change in t been notified in writing of this change	itutes relative to the proper an ligation of my position as reg he registered office address. I	y. d complete performance istered agent. Or, if this hereby confirm that the
	Con-	9.22.09	
Sign	ature of Registered Agent	Date	· ·
If signing on beh	alf of an entity:		*
Isadore Or	1000		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)