P000000 10958

(Req	uestor's Name))		
(Addi	ress)			
. (Addi	ress)			
(City/	/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



300110096413

10/02/07--01033---009 **35.00



COVER LETTER

TO: Amendment Division of C	Section Corporations			
SUBJECT: MCC	G Investments, Inc.	orporation)		
DOCUMENT NUM	BER: P00000010958			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
<u>J</u> i	anice Summers (Name of Con	tact Person)		
MCCG Investments, Inc. (Firm/Company)				
3389 Cypress Gardens Road (Address)				
Winter Haven, FL 33884 (City/State and Zip Code)				
For further information	on concerning this matter, please ca	all:		
Victor Smith (Nam	e of Contact Person)	at (<u>863</u>) <u>293-1184</u> (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

$^{\bullet}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of _ er to change its registered office or registered agent, or both, in the State of F	Florida
1. The name of	the corporation: MCCG Investments, Inc.	
2. The principal	office address: 3389 Cypress Gardens Road Winter Haven, FL 338	384
3. The mailing a	address (if different): P.O. Box 391 Winter Haven, FL 33883	
4. Date of incorp	poration/qualification: 02/01/2000 Document number: P00000	010958
	d street address of the current registered agent and registered office on file with the state:	th the
	Victor R. Smith	_
•	170 E. Haines Blvd	-
•	Lake Alfred, FL 33850	- > 60
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	FILE 7 OCT -2 EGHETARY, O
	255 Magnolia Avenue, S.W.	AM II: F STA FLOR
	(P.O. Box NOT acceptable) Winter Haven, FL 33880	: 42 ATE RIDA
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	s registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an be board, or the corporation has been notified in writing of the change.	officer so
(Buyer	where of a vollicer or director) Lise for Januare A. Simuler (Printed or typed name and the state of the stat	
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and completely for perfect a change in the registered office address, I hereby the provision of this change. Q-24-36 The provision of this change. (Date) half of an entity:	aplete performance d agent. Or, if this by confirm that the
	Typed or Printed Name)	