P00000049956

(Requestor's Name)	
(Address)	_
(Addiess)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
	
(Business Entity Name)	_
•	
(Document Number)	
Certified Copies Certificates of Status	
•	
Special Instructions to Filing Officer:	
,	-1
	- 1
	- 1
'	-
	1
	-
	-
	1
	_

Office Use Only



200182050942

06/17/10--01020--004 **35.00

SECRETARY OF STALL

10 班 17 智 4: 4



COVER LETTER

Division of Corporations			
SUBJECT: +. 5. +. 6 Corp. Name of Corporation			
Name of Corporation			
DOCUMENT NUMBER: P 0000049956			
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:			
JAIME RUZ			
Name of Contact Person			
FSFG COIP.			
Firm/Company			
9600 NW 255T#4C			
Address			
MIANI FL 33172 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: Lance (W12 - at (786, 472590). Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person 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 Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 60 statement of change is submitted for a corporation organized in order to change its registered office or registered	under the laws of the State of
1. The name of the corporation: F. S. F. G.	
2. The principal office address: 10773 NW	585T#12 MIDMI FL 33178
3. The mailing address (if different): >A-WQ	
4. Date of incorporation/qualification:	Document number: P00000049956
5. The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	•
10773 NW 585	1 2
MIDMITE 35	178
6. The name and street address of the new registered agent (if (if changed): 9600 NW 25	
P.O. Box NOT acc	DATE TO THE PARTY OF THE PARTY
The street address of its registered office and the street add as changed will be identical. 100	ress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board or the corporation has been notified	its board of directors or by an officer so ed in writing of the change.
Signature of an officer or afrector	Printed or typed name and title
I hereby accept the appointment as registered agent and as I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligat document is being filed merely to reflect a change in the recorporation has been notified in writing of this change.	gree to act in this capacity. relative to the proper and complete performance ion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
	June 12/2010.
Signature of Registered Agent If signing on behalf of an entity:	/ Date /

* * * FILING FEE: \$35.00 * * *