## P0000061358

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: CPF Management, inc.  Name of Corporation			
DOCUMENT NUMBER: P0000061358			
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:			
Neil Faggen, Esquire Name of Contact Person			
Coregroup, Inc. Firm/Company			
Firm/Company			
1101 Fayette Street. Second Floor Address			
Conshohocken, PA 19428 City/State and Zip Code			
neil.faggen@gmail.com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Neil Faggen at (610) 825-8300 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  Street Address:  Amendment Section  Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2012

Neil Faggen, Esq. Coregroup, Inc. 1101 Fayette Street, Second Floor Conshohocken, PA 19428

SUBJECT: CPF MANAGEMENT, INC.

Ref. Number: P00000061358

We have received your document for CPF MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 212A00007410

12 HAR -1 AM 8: 27
SELLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 6 statement of change is submitted for a corporation organized under the la in order to change its registered office or registered agent, or bo	ws of the State of Florida
1. The name of the corporation: CPF Management,	Inc.
2. The principal office address: c/o C.G. Holdings, Inc., 16400 N.V.	N. 2nd Avenue,
Suite 200, Miami, FL 33169	
3. The mailing address (if different): c/o C.G. Holdings, Inc.16400	N.W. 2nd Avenue,
Suite 200, Miami, FL 33169	No
4. Date of incorporation/qualification:06/23/2000 Document	number: <u>P0000061358</u>
5. The name and street address of the current registered agent and registered Florida Department of State: (If resigned, enter resigned)	ed office on file with the
Jeffrey Chodorow	
404 Washington Ave	
Miami Beach, FL 33139	45. CT. S.
6. The name and street address of the new registered agent (if changed) an (if changed):	至 第 一
C.G. Holdings, Inc.	
16400 N.W. 2nd Avenue, Suite 200 P.O. Box NOT acceptable	
Miami, FL 33169	- in ω
The street address of its registered office and the street address of the buas changed will be identical.	usiness office of its registered agent,
Such change was authorized by resolution duly adopted by its board of authorized by the board, or the corporation has been notified in writing	directors or by an officer so of the change.
Signature of an officer of director Prin	Neil Faggen V P
I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to the of my duties, and I am familiar with and accept the obligation of my post document is being filed merely to reflect a change in the registered office corporation has been notified in writing of this change.	this capacity. he proper and complete performance sition as registered agent. Or, if this ce address, I hereby confirm that the
2/	7/12
Signature of Registered Agent	Date
If signing on behalf of an entity:	
John Polsenberg, V.P. Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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