

P00000100694

5427 TWIN CREEKS DR  
VALRICO, FL 33594

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. \_\_\_\_\_ (Corporation Name) (Document #) **100004212751--3**  
-05/11/01--01120--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
- 2. \_\_\_\_\_ (Corporation Name) (Document #)
- 3. \_\_\_\_\_ (Corporation Name) (Document #)
- 4. \_\_\_\_\_ (Corporation Name) (Document #)

FILED  
01 JUN - 7 PM 3: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in       Pick up time       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State

May 18, 2001

**CONSULTANT MANAGEMENT GROUP, INC.**  
5427 TWIN CREEKS DRIVE  
VALRICO, FL 33594

**SUBJECT: CONSULTANT MANAGEMENT GROUP, INC.**  
Ref. Number: P00000100694

We have received your document for CONSULTANT MANAGEMENT GROUP, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6869.

Teresa Brown  
Corporate Specialist

Letter Number: 601A00030506

**RECEIVED**  
01 JUN -7 AM 9:29  
DIVISION OF CORPORATIONS

**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 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CONSULTANT MANAGEMENT GROUP, INC.

2. The mailing address of the corporation: 5427 TWIN CREEKS DR VALRICO, FL 33594

3. Date of incorporation/qualification: 10/26/00 Document number: P00000100694

4. The name and address of the current registered agent and office:

BUSINESS FILINGS INCORPORATED  
1000 WEST AVE NO 114  
MIAMI BEACH, FL 33139

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01 JUN -7 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

BERT WINFIELD  
5427 TWIN CREEKS DR  
VALRICO, FL 33594

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Suzanne Winfield  
(Signature of an officer, chairman or vice chairman of the board)

06/04/01  
(Date)

SUZANNE WINFIELD PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Bert Winfield  
(Signature of Registered Agent)

06/04/01  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)

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