## P01000038069

(Requ	uestor's Name)	)
(Addi	ess)	
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(City/	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	





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SECRETARY OF STATE

R.A.

Brown 8-4-11

## COVER LETTER

Division of Corporations
SUBJECT: ARcon Engineering Gnoup, in e Name of Corporation
DOCUMENT NUMBER: \$\psi 01000038069
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:
ADNER LAPLANTE
ARcon Engineering Choup, inc
1175 N.E. 125-th street #215
Miami, FL. 33/6/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adrier CAPlante at (786) 285-0366  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Ferson 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

## 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, this statement of change is submitted for a corporation organized under the laws of the State of	
1. The name of the corporation: Arcon Engineering Group inc.	
2. The principal office address: 1175 N.E. 125th Street Suit #215	_
Migmi FL 33161	
3. The mailing address (if different): <u>same</u>	
4. Date of incorporation/qualification: 7/1/2011 Document number: Polooo 380	6
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Gollaville K. Rao	
1809 SW 87th terrace == == ==	
Davie FL 33324 -	}
6. The name and street address of the new registered agent (if changed) and /or registered office $\omega$ (if changed):	
Arshad Vigar \$5 00 0	
1335   3h 36st. Miami + 233175" 5 P.O. Box NOT acceptable	
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, or the corporation has been notified in writing of the change.	
Asner Laplante (Director)  Asner Laplante (Director)	
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Aches Vigra 7-29-11 7-29-2011	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
ARCON ENGINEE RING GROP, INC	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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