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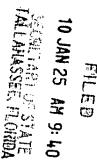
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CV Group Fillrughough INC. Name of Corporation		
DOCUMENT NUMBER: \$0000036880		
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:		
Honica Sullo		
Name of Contact Person	the state of the s	
Firm/Company		
16032 SW 96 TERA	೬	
HiAMi. FL. 33196. City/State and Zip Code		
City/State and Zip Code		
HONICACECCODO QUETOTHAIL CON		
HONICACECCAN @ HOTHAIL . C.O.H. E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
PONCE SULD: 20	5. 217.1164	
Name of Contact Person at (30)	5. 387.1664. Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Amendment Section A Division of Corporations D P.O. Box 6327 C	treet Address: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle	
T	allahassee, 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 Tloudo - in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: C.V. Group FNIERNATIONAL INC.
2. The principal office address: 8350 SW. 152 AV. #3
MIANI To. 33193,
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/04/3002 Document number: P03000036882
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)
8350 SW 152 AV #3 25 25 P
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77, 1
9. L
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(It changed): 15240 SW. 72 Street (Suuset Snive) Miani FL. 33193.
130 10 800 10 Speed (sound)
P.O. Box NOT acceptable
The street address of its resistant office and the street address of the hydrogen of its resistant agent
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.
Possang Cacado. VP
Signature of an officer or director Printed or typed name and title Lhereby accept the appointment as registered agent and agree to act in this capacity
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.
Olaskana Olaskana
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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

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