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R.A. Charge 14-18-03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: G30 GROUP Inc. (Name of corporation)
DOCUMENT NUMBER:
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:
DAVIO B Sturg 15 (Name of person)
G30 GROUP Inc (Name of firm/company)
5393 SW 89 th 5t, (Address)
(Address)
OCACA FLORIDA 34476 (City/state and zip code)
· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:
DAULO 73 Sturg15 at (352) 875-709= (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

			1508, Florida Statutes, this s f <u>Florior</u>	
		or both, in the State of Flor		
1. The name of the cor	poration: 635	Group Inc		
2. The principal office	address: 5393	SW 89 5	<u></u>	
	OCAC	A FL 3447	6	
3. The mailing address	(if different):			
4. Date of incorporatio	n/qualification: 8/1/2	2003 Document nur	mber: 1030000	82981
	address of the current regis	stered agent and registered of		·
	DAVID B	Sturfis	•	2 9
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<u>-</u>	OCACA F	2 34175 3	447/	N 037
The name and street (if changed):	address of the new register	red agent (if changed) and /o	or registered office	PM 5: 53
	DAVID B	STURGIS		Q. 5
	5393 SU	is 89th ST		
-	(P.O. Box or	personal mailbox NOT acceptable)		.
	OCACA 1	FC 34476		,
The street address of changed will be ident	ts registered office and the	e street address of the busi	ness office of its registered	agent, as
Such change was auth the board, or the corp	orized by resolution duly oration has been notified i	adopted by its board of dis n writing of the change.	rectors or by an officer so a	uthorized by
Douglas	of an officer or director)	DAVI	B Sturals Pro	esident
		igent and agree to act in the all statutes relative to the bligation of my position as istered office address, I he	is capacity. proper and complete perfor registered agent. Or, if thi reby confirm that the corpo	rmance of my s document is oration has
Daus (Signati	B House		1/9/03 (Date)	
If signing on behalf o	f an entity:			
DAULO B	STURG(5 d or Printed Name)		RESIDENT (Capacity)	

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