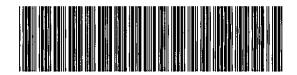
## P04000037689

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phor	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STALLAHASSEE, FLORI

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Avgyte Marketing Group, Corp. (Name of Corporation)
DOCUMENT NUMBER: P0400037689
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:
Jay Montact Person)
Argyle Marketing Group, com.
6760 Coral Way Sutte 100
Migmi, F1 33155 (City/State and Zip Code)
For further information concerning this matter, please call:
Jay Montcaleave. at 305, UVB - U760 (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  Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

FOR CORFORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: CITOLIE MOV KETIN OF GIVOUP, COMP
2. The principal office address: 6100 COVAL WAY SUHC 100
3. The mailing address (if different): SOME
4. Date of incorporation/qualification: , 2   2604Document number: POH00037689
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Mayte L'Oro
1510 SW 185t E
Midmi, Fl 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mayte L'010
GTUD COYALWAY SUITC 100  (P.O. Box NOT acceptable)
Miami F1 33155
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.
Mauthority of an efficiency (Printed or typed name and title)
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.
Signature of Redistered Agent)  May 18, 2007 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

statement of change is submitted for a corporation organized under the laws of the State of Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AVAL MAY KETING GROUP, COME 2. The principal office address: 100 COVAL WAY SUHC 100  1 33155
3. The mailing address (if different): Same
4. Date of incorporation/qualification: , 2 12404 _ Document number: P0400037689
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Mayte L'Oro
1510 SW 185t
Miami, F1 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mayte L'oro
WTUD COYALWAY SUITC 100
Miami F1 33155
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 loard, or the corporation has been notified in writing of the change.
Signification of an officer or director)  MOUTH 1000 Printed or typed name and title)
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.
Signature of Relistered Agent)  May 18, 2007  (Date)
If signing on behalf of an entity:
(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
CR2E045 (8/05)