## P04000170542

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: CVMA GROUP HOLDINGS, INC. (Name of Corporation)			
DOCUMENT NUMBER: P04000170542			
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:			
DAVID D. HALLOCK, JR., ESQUIRE (Name of Contact Person)			
GRAY ROBINSON, P.A. (Firm/Company)			
ONE LAKE MORTON DRIVE (Address)			
LAKELAND, FLORIDA (City/State and Zip Code)			
For further information concerning this matter, please call:			
DAVID D. HALLOCK, JR.  (Name of Contact Person)  at (863 ) 284-2200 (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  Street Address:  Amendment Section  Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of char	•	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of FLORIDA	
	he corporation: CVMA GROUP HOLDI	•	
2. The principal	office address: POST OFFICE BOX 47	0098, CELEBRATION, FLORIDA 34747	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 12/21/2004	Document number: P04000170452	
	street address of the current registered agestment of State:	nt and registered office on file with the	
	CHRIS J. VITITO		
	1170 CELEBRATION AVEN	IUE	
	CELEBRATION, FLORIDA 3	4747	
6. The name and (if changed):	street address of the new registered agent (	UE 4747 (if changed) and /or registered office	
	DAVID D. HALLOCK, JR.		
	ONE LAKE MORTON DRIV	E 29	
	(P.O. Box NOT acceptable)  LAKELAND, FLORIDA 33801		
_	ss of its registered office and the street ac be identical.	Idress of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted be board, or the corporation has been notif	by its board of directors or by an officer so fied in writing of the change.	
(Signatu	ie of art officer of firector) 8/22/06	(Printed of typed name and time)	
I hereby accept I further extree to of my duties, gut document it sein corporation hay	the appointment as registered agent and a comply with the provisions of all statuted lyan familiar with and accept the obliging filed merely to reflect a change in the feen notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
1 /4		8/25/06	
	nature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
(1	yped or Printed Name)	Manders in a graph of the contract of the cont	

\* \* \* 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)