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COVER LETTER

TO: Amendment Section Division of Corporations

FELD CO GROUP CORP

Name of Corporation

DOCUMENT NUMBER: P05000056687

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:

GERSHON FELDFOGEL

Name of Contact Person

FED CO GROUP CORP

Firm/Company

4611 S UNIVERSITY DRIVE, SUITE # 219

Address

DAVIE, FL 33328

City/State and Zip Code

felfo999@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERSHON FELDFOGEL

,786

344.6376

Name of Contact Person

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

1. The name of	of the corporation: FELD CO GRC	gistered agent, or both, in the State of Florida.
	al office address: 4611 S. UNIVE FL 33328	RSITY DRIVE, SUITE # 219
3. The mailing	g address (if different): SAME AS A	ABOVE
4. Date of inco	orporation/qualification: 04/15/200	5
5. The name a		red agent and registered office on file with the
	GERSHON FELDFOGEL	
	GERSHON FELDFOGEL 1348 WASHINGTON AVENUE, SUITE # 177 MIAMI BEACH, FL 33139	
	MIAMI BEACH, FL 33139	
6. The name a		agent (if changed) and /or registered office
	GERSHON FELDFOGEL	
	4611 S. UNIVERSITY DR	IVE, SUITE # 219
	P.O. Box DAVIE, FL 33328	NOT acceptable
The street add	· · · · · · · · · · · · · · · · · · ·	reet address of the business office of its registered agent,
Such change authorized by	was authorized by resolution duly ador the beard, or the corporation has been	pted by its board of directors or by an officer so in notified in writing of the change.
	Thus by an officer or director	GERSHON FELDFOGEL - PRESIDENT Printed or typed name and title
I hereby acce I further agre performance agent. Or, if	/ ○ pt the appointment as registered agen e to comply with the provisions of all :	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address. I
10		10/08/2013
	ignature of Registered Agent	Date

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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