106000001822

| (Req | uestor's Name) | |
|---|------------------|---------------------------------------|
| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600213162496

10/14/11--01009--013 **35.00

RAFOCS



COVER LETTER

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: CUSTOM GROUP, INC. (Name of Corporation) | m) | | |
| (Name of Corporatio |)II) | | |
| DOCUMENT NUMBER: P06000001822 | | | |
| The enclosed Statement of Change of Registered Office/Agent a | and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the fo | ollowing: | | |
| | ŭ | | |
| ASHLEY STEINHARDT | | | |
| (Name of Contact Pers | son) | | |
| | | | |
| NEVADA STATE CORPORATE NETWORK, INC. | | | |
| (Firm/Company) | | | |
| | | | |
| 777 N. RAINBOW BLVD. STE. 250 | | | |
| (Address) | | | |
| | | | |
| LAS VEGAS, NV 89107 | | | |
| (City/State and Zip Co | ode) , | | |
| For further information concerning this matter, please call: | | | |
| ASHLEY STEINHARDT | 02 838 8500 FYT 211 | | |
| (Name of Contact Person) at (A | 02 838-8599 EXT 211 rea Code & Daytime Telephone Number | | |
| | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| | 是实 | | |
| Mailing Address: | Street Address: | | |
| <u>Mailing Address:</u> Amendment Section | Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | |
| | Tallahassee, FL 32301 | | |

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

| statement of che | ange is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida. | |
|--|---|--|--|
| | | • | |
| | the corporation: CUSTOM GROUP | | |
| | l office address: 3458 SOUTH WES D BEACH FL 33442 | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 01/06/2006 | Document number: P06000001822 | |
| | d street address of the current regist rtment of State: | ered agent and registered office on file with the | |
| | MOSHER, ALAN | | |
| | 3458 SOUTH WEST 15TH ST | | |
| | DEERFIELD BEACH FL 33 | 442 | |
| 6. The name and (if changed): | d street address of the new registere | d agent (if changed) and /or registered office | |
| | Northwest Registered Age | nt, LLC. | |
| | 3111 W. Dr. MLK Blvd., S7 (P.O. Box NOT acc | | |
| | Tampa, FL 33607 | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its registered agent, | |
| Such change was authorized by | as authorized by resolution duly a he board, or the corporation has be | dopted by its board of directors or by an officer so een notified in writing of the change. | |
| Mrs (| June | DI GIACOMO, JACK | |
| I hereby accept I further agree to of my duties, an document is bei | the appointment as registered age to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch | (Printed or typed name and title) ent and agree to act in this capacity. Il statutes relative to the proper and complete performance ne obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the tange. | |
| | Susan Miller | 10/11/2011 | |
| Dan Keen- | mature of Registered Agent) manager | (Date) | |
| | half of an entity: | | |
| SUSAN MILL | ER | | |
| (1 | Typed or Printed Name) | | |
| | * * * FILIN | G FEE: \$35.00 * * * | |

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