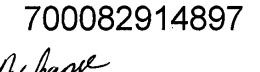
P06000038467

ì					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



Af charge
There 01/08/07--01024--027 **35.00

COVER LETTER

FO: Amendment Section Division of Corporations				
SUBJECT: CAMPBELL COMMERCIAL GROU	UP, INC.			
P06000038467				
DOCUMENT NUMBER: P06000038467	<u></u>			
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	o the following:			
DAVID L. CAMPBELL				
(Name of Conta	act Person)			
·				
CAMPBELL COMMERCIAL GROUP, INC. (Firm/Company)				
(Finite Con	ipany)			
704 Courth Dullidge Street				
701 South Briidge Street (Address)				
Ų-suut				
Charlevoix, MI 49720				
(City/State and	Zip Code)			
For further information concerning this matter, please ca	11:			
DAVID L. CAMPBELL	at (231) 590-3758			
(Name of Contact Person)	at (231) 590-3758 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departm	nent of State.			
Mailing Address: Amendment Section	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

TO:

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

•	provisions of sections 607.0502, 6 inge is submitted for a corporation				
xxin orde	r to change its registered office or	registered	agent, or both, in the State of I	Florida.	
1. The name of	the corporation: CAMPBELL COM	MERCIAL	GROUP, INC.		
2. The principal	office address: 8420 Excalibur Ci	rcle, Unit R	-7, Naples, FL US 34108		
3. The mailing a	address (if different):		,		
4. Date of incorp	poration/qualification: April 15, 20	006	_ Document number: P06000	038467	
	d street address of the current regis rtment of State:	tered agent	and registered office on file w	ith the	
	Jeffrey W. Van Treese		,	- 1 23	
	1655 Palm Beach Lakes Boulevard, Suite 1010C				
	West Palm Beach, FL 330	41		N-8	
6. The name and (if changed):	d street address of the new register	ed agent (if	changed) and /or registered of	OT JAN -8 PH 2: 50 DI JAN -8 PH 2: 50 ALLAHASSEE, FLORIDI	
	DAVID L.CAMPBELL			- SO	
8420 Excalibur Circle, Unit R-7					
(P.O. Box NOT acceptable)					
	Naples, FL US 34108			<u></u>	
The street address changed will	ess of its registered office and the be identical.	street add	ress of the business office of	its registered agent,	
Such change was authorized by the	as authorized by resolution duly the board, or the corporation has b	adopted by been notifie	its board of directors or by a ed in writing of the change.	n officer so	
(Signati	ure of an officer of director)		AVID L. CAMPBELL, Presi		
I further agree of my duties, an document is bei	the appointment as registered as to comply with the provisions of all I am familiar with and accepting filed merely to reflect a change been notified in writing of this controls.	all statutes the obligat se in the re	relative to the proper and co ion of my position as register	mplete performance ed agent. Or, if this eby confirm that the	
the	assall	J	anuary 5, 2007		
(Si	gnature of Registered A'gent)		(Date)		
If signing on be	chalf of an entity:				
DAVID L. CA		_			
(Typed or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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