## P06000094342

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, ,	
(Address)	
(City/State/Zip/Phone #)	
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NECRETARY OF STATE
AND LAHASSEE, FLORIDA

T Roberts NOV 0 8 2805

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: TASK REALTY GROUP, INC. (Name of Corporation)	nn)			
(Name of Corporation	on)			
DOCUMENT NUMBER: P06000096342				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the f	ollowing:			
ANTHONY T SCOTT (Name of Contact Person)				
(Name of Contact Fer	SOII)			
TASK REALTY GROUP, INC				
TASK REALTY GROUP, INC. (Firm/Company)				
1601 PARK CENTER DR. UNIT 1				
(Address)				
ORI ANDO ELORIDA 32835				
ORLANDO, FLORIDA 32835 (City/State and Zip Code)				
For further information concerning this matter, please call:				
ANTHONY T SCOTT at (4	107 \ 383-2264			
(Name of Contact Person)	107 383-2264 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
rananassee, FL 32314	Tallahassee. FL 32301			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\,$ . FOR CORPORATIONS

statement of cha	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of FLO	RIDA
		ered agent, or both, in the State of Florida	<i>a</i> .
	the corporation: TASK REALTY GRO		
2. The principal	office address: 1601 PARK CENTER	R DR. UNIT 1 ORLANDO, FL 3283	5
3. The mailing a	address (if different):		
Ü	/		BEE SE
4. Date of incor	poration/qualification: 7/2\$/2006	Document number: P06000096	3426
	d street address of the current registered a rtment of State:	gent and registered office on file with the	1 PHIZ: 43
	SHERRY SCOTT		STATE OF THE
	7644 St Stephens Ct.		Dri D
	ORLANDO, FLORIDA 3283	35	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	
	ANTHONY T SCOTT	· 	
	7644 St Stephens Ct.		
	(P.O. Box NOT acceptable	·)	
	Orlando, Fl 32835		
The street addr as changed wil	ess of its registered office and the street I be identical.	address of the business office of its reg	istered agent,
Such change wauthorized by t	ras authorized by resolution duly adopte he board or the corporation has been no	d by its board of directors or by an offic otified in writing of the change.	eer so
	1//	ANTHONY T SCOTT	
	pere of an officer or director)	(Printed or typed name and title)	
I further agrée of my duties, ai document is he	t the appointment as registered agent at to comply with the provisions of all stand I am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change	tutes relative to the proper and complete ligation of my position as registered age he registered office address. I hereby co	e performance ent. Or, if this nfirm that the
		11/02/2006	
<del></del>	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
<b>ANTHONY</b>			
(	Typed or Printed Name)		

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

Make checks payable to Florida Department of State