## POTODOOPISS

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(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
`	,		
Certified Copies	Certificates	of Statue	
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## **COVER LETTER**

oup, Inc.
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·
Agent and fee are submitted for filing.
to the following:
itact Person)
Group, Inc.
mpany)
9
ress)
d Zip Code)
all:
at ( 407 ) 257-1260
at ( 407 ) 257-1260 (Area Code & Daytime Telephone Number)
ment of State.
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

statement of cha	ange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
	the corporation: Customer Focu	
	•	al Blvd., Suite 319, Orlando, Florida 32801
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: January	18, 2007 Document number: P07000008188
	d street address of the current regretment of State:	gistered agent and registered office on file with the
	Melissa L. Lombardi	
	4417 King Edward Drive	SEE
	Orlando, Florida 32826	FS
6. The name and (if changed):	d street address of the new regist	tered agent (if changed) and /or registered office
	J. Clifford Winkler	·
	817 East Livingston Stre	
	(P.O. Box NO	Tacceptable)
The street address changed will	ess of its registered office and t be identical.	the street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution dul he board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.
	J. Jon bondi	Melissa L. Lombardi, COO (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei	the annointment as registered	agent and agree to act in this capacity.  of all statutes relative to the proper and complete performance  of the obligation of my position as registered agent. Or, if this  unge in the registered office address, I hereby confirm that the
		9/21/2007
000	gnature of Registered Agent)	(Date)
it signing on be	chalf of an entity: '	
	Typed or Printed Name)	<del></del>

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

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