P07000048458

(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



800186372668

10/12/10--01039--017 **35.00

SINTS 15 ABMARKES ... SINTS 15 ABMARKES ...

7



COVER LETTER

TO: Ame Divi	endment Section sion of Corporations						
SUBJECT:	New Beginningz Real I	Estate Group, inc.					
DOCUMEN	NT NUMBER: p070	000048458					
The enclosed	d Statement of Change of Registered Office	Agent and fee are submitted for filing.					
Please return	all correspondence concerning this matter	to the following:					
Anthony Kusky Name of Contact Person							
Name of Contact Person							
Now Regioning Real Estate Crawn Inc.							
New Beginningz Real Estate Group, Inc. Firm/Company							
	P.O. Box 561503						
Address							
Rockledge, Fl. 32955 City/State and Zip Code							
City/state and Zip Code							
ak@newbeginningz.net E-mail address: (to be used for future annual report notification)							
	E-mail address: (to be used for fi	iture annual report notification)					
For further i	nformation concerning this matter, please o	all:					
	Anthony kusky	at (407) 923-8890					
	Name of Contact Person	at (407) 923-8890 Area Code & Daytime Telephone Number					
Enclosed is	a \$35.00 check made payable to the Depart	ment 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					

CR2E045 (8/05)

TO:

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

statement of cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida		
1. The name of t	he corporation: New E	Beginningz Re	eal Estate Group, I	nc.		
	office address: 7200 A k, Fl. 32792		A			
3. The mailing a	ddress (if different):					
4. Date of incorp	ooration/qualification;	4/20/2007	Document number:	P07000048458		
	I street address of the cur tment of State: (If resign		at and registered office on f	ile with the		
	Anthony Kusky					
	1641 Bridgeport Cir					
	Rockledge Fl. 329	55		100		
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or register	red office		
	Anthony Kusky			22.5		
	7200 Aloma Ave Suite A P.O. Box NOT acceptable					
	Winter Park Fl. 327			**************************************		
The street addre	ess of its registered office be identical.	ce and the street ad	dress of the business offic	e of its registered agent,		
Such change was authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or led in writing of the chang	by an officer so ge.		
Signato	re of an oblicer or director		Anthony Printed or typed nar			
of my duties, and document is her	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to reflec s been notified in writin	isions of all statute d accept the obliga ct a change in the r	garee to act in this canaci			
			10/6/	/10		
_	thatthe of Registered Agent chalf of an entity:		Date			
	Anthony Kusky yped or Printed Name					

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