P07000095203

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RA Change Thewis 12-2-10

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Amendment Section

TQ:

	Division of Corporations	
	SUBJECT: Management Group 1 of Florida Inc. Name of Corporation.	
		•
	DOCUMENT NUMBER: <u>P070000 95203</u>	4.4
.,	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ng
· .	Please return all correspondence concerning this matter to the following:	
	Mike Aranda Name of Contact Person	
	Name of Contact Leison	•
	Management Group 1 of Florida Inc.	•
	Firm/Company	•
	•	
	8695 College Parkway #1193	
·	Address	
	Fort Myers, FI 33919 City/State and Zip Code	
•	City/State and Zip Code	
	info@mg1fl.com	
٠,	E-mail address: (to be used for future annual report notification)	
	•	
٠.	For further information concerning this matter, please call:	** * *
_	Mike Aranda at (239) 267-4	. N081
	Mike Aranda at (239) 267-4 Name of Contact Person Area Code & Daytime Telepho	one Number
	Enclosed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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RECEIVI 10 DEC - 1 AM 1 SECRETARY OF ST TALLAHASSEE F. ST

November 23, 2010

MIKE ARANDA MANAGEMENT GROUP 1 OF FLORIDA INC. 8695 COLLEGE PARKWAY #1193 FORT MYERS, FL 33919

SUBJECT: MANAGEMENT GROUP 1 OF FLORIDA INC.

Ref. Number: P07000095203

We have received your document for MANAGEMENT GROUP 1 OF FLORIDA INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The filing fee is \$35.00, there is a balance of \$10.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 110A00027467

Thelma Lewis
Document Specialist Supervisor

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida	
statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of I	
1. The name of the corporation: Manuscenest broup & of Florida Inc	
2. The principal office address: 8695 College Parkway #1193 Fort Myers, FI 339	719
3. The mailing address (if different):	
and the state of t	·
4. Date of incorporation/qualification: $8/3/3\omega$ Document number: $9/3/3\omega$	2000.95203
5. The name and street address of the current registered agent and registered office on file will Florida Department of State: (If resigned, enter resigned)	ith the
SPIEGEL & UTRERA, P.A.	
1840 SW 22ND ST. 4TH FLOOR	
MIAMI FL 33145 US	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	fice P ST
Goede & Adamczyk PLLC	
8950 Fontana Del Sol Way #100	
P.O. Box NOT acceptable	-
Naples, FI 34109	-
The street address of its registered office and the street address of the business office of its changed will be identical.	ts registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board of the corporation has been notified in writing of the change.	ı officer so
Mike Aranda - Pre	esident
Signature of an officer or director Printed or typed name and t	title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and cot of my duties, and I am familiar with and accept the obligation of my position as registered accument is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.	nplete performance ed agent. Or, if this by confirm that the
11-12-10	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Mark Adamczyk Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

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