Po800109996

(Requestor's Name) (Address) (Address)	300196673413	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	03/07/1101047006 **35.00	
Certified Copies Certificates of Status	ZOLI MAR -7 PH 12: 17 SECRE PARTY OF THE 2: 17 TALLAHAS SEE, FLORIBA	

Office Use Only

COVER LETTER

Division of Corporations				
SUBJECT:	Patton Manageme	ent Group, Inc.	,	
	Name of	Corporation		
DOCUMENT NUMBER	t:P08	3000109996		
The enclosed Statement o	f Change of Registered Offi	ce/Agent and fee are su	bmitted for filing.	
Please return all correspondence concerning this matter to the following:				
		•		
Wendy D. Rea Name of Contact Person				
	Name of Co	ontact Person		
National Registered Agents, Inc Firm/Company				
		-		
11600 College Blvd, Suite 210 Address				
	Ād	dress		
	Overland Pa	ark, KS 66210	<u>-</u>	
	City/State a	and Zip Code		
	info@n	rai.com		
E-mail address: (to be used for future annual report notification)				
For further information co	ncerning this matter, please	call:		
Mon	tu D. Pag	800	550 672 <i>4</i>	
Name of C	dy D. Rea contact Person	Area Code & D	550-6724 aytime Telephone Number	
Enclosed is a \$35.00 check	k made payable to the Depar	rtment of State.		
<u>M</u> Ā	Ialling Address: mendment Section	Street Addr Amendmen	ess: at Section	
D	ivision of Corporations	Division of	Corporations	
	O. Box 6327	Clifton Bui	lding stive Center Circle	
11	allahassee, FL 32314		e, FL 32301	

TO: Amendment Section

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

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, c change is submitted for a corporation organized under the rder to change its registered office or registered agent, or	ne laws of the State of Florida	
	of the corporation: Patton Management Grou	·	
2. The principal	oal office address: 815 NORTH HOMESTEAD BO Stead, Storida 33035	DULEVARD ,121	
3. The mailing a	g address (if different):		
4. Date of incor	orporation/qualification: 12/22/2008 Docum	nent number: P08000109996	
	and street address of the current registered agent and registerent of State: (If resigned, enter resigned)	stered office on file with the	
	GRAY, CHRISTOPHER		
	1962 SE 24TH TERRACE	ZI TAL	
	HOMESTEAD FL 33035 US	CORE	e.
6. The name and (if changed):	and street address of the new registered agent (if changed)	E	
	NRAI Services, Inc.	PH I	a d
	515 East Park Avenue		
	P.O. Box NOT acceptable		
	Tallahassee, FL 32301		
The street addresses changed will	lress of its registered office and the street address of th	ne business office of its registered agent,	
Such change wa	was authorized by resolution duly adopted by its board the board, or the corporation has been notified in write	l of directors or by an officer so	
huste	topher R. Sm. 4 Chris	topher Gray Acsider	4
hereby accept further agree to further agree to further agree to detect further accept further a		Tylinted or typed name and yfte It in this capacity. to the proper and complete performance position as registered agent. Or, if this office address, I hereby confirm that the	
• •	pehalf of an entity:	Date	
	Wendy D. Rea		
	Typed or Printed Name		

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