1000012269

(Re	equestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations				
1				
SUBJECT: Holcomb Properties Group, Inc. (Name of Corporation)				
DOCUMENT NUMBER: P09000012269				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Peggie Golger (Name of Contact Person)				
(Name of Contac	ot 1 orsony			
Cohen and Wolf, P.C. (Firm/Company)				
1115 Broad Street				
(Address)				
Bridgeport, CT 06604 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Peggie Golger (Name of Contact Person)	at (203) 337-4230 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department 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			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Sic anized under the laws of the State of <mark>Fl</mark> i istered agent, or both, in the State of Flo	orida
1. The name of	he corporation: Holcomb Properti	es Group, Inc.	
2. The principal	office address: 129 Glover Avenu	le	
Norwalk, (OT 06850		<u> </u>
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 2-6-09	Document number: P090000)12269
	d street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office on file with med)	the
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		2009 t
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered offic	2009 MAR 23 PH 12: 41 SECRETARY OF STATE TALLAHASSEE, FLORI
	Richard Fleischmann		HA B
	3001 Swansea A		12:4 STAT
	(P.O. Box NOT accepta	ble)	Dm 6
	Deerfield Beach, FL 33442		
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its	registered agent,
Such change wanthorized by	as authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an of notified in writing of the change.	officer so
(Signal	ure of an officer or director)	Richard Fleischmann, I	President
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and comp bligation of my position as registered the registered office address, I hereby ge.	plete performance agent. Or, if this v confirm that the
[1] [M		February 27, 200	09
(\$1	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Typed or Printed Name)		

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