

PD9000065966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

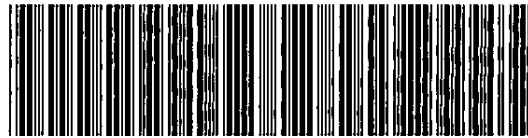
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400186734304

10/19/10--01037--010 **35.00

Rs 24

FILED
10 NOV -4 PM 4:04
CLERK OF STATE
TREASURY DEPT. BUREAU

Roberts NOV 04 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2010

CRISTIAN MARCELO ANIZIO EUGENIO
LYON GROUP ASSOCIATES, INC
20181 NW 9TH DRIVE
PEMBROKE PINES, FL 33029

SUBJECT: LYON GROUP ASSOCIATES, INC.
Ref. Number: P09000065966

We have received your document for LYON GROUP ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please show only Cristian M A Eugenio name in block #6.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 610A00024917

RECEIVED
10 NOV -4 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lyon Group Associates, Inc
Name of Corporation

DOCUMENT NUMBER: P09000065966

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:

Cristian Marcelo Anizio Eugenio
Name of Contact Person

Lyon Group Associates, Inc
Firm/Company

20181 NW 9th Drive
Address

Pembroke Pines, FL 33029
City/State and Zip Code

cmanizio@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristian M. A. Eugenio at (954) 399 8228
Name of Contact Person 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
Tallahassee, FL 32301

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lyon Group Associates, Inc .
2. The principal office address: 20181 NW 9th Drive, Pembroke Pines, FL 33029
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/04/2009 Document number: P09000065966
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cristian M. A. Eugenio
540 SW 182 Way
Pembroke Pines, FL 33029

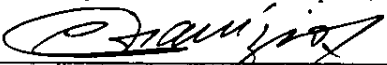
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cristian M. A. Eugenio
20181 NW 9th Drive
Pembroke Pines, FL 33029

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Cristian M. A. Eugenio / President

Printed or typed name and 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

10/14/2010

Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

10 NOV - 4 PM 4:04
RECEIVED
FLORIDA DEPARTMENT OF STATE