

P10000076098

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 28 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CMG Automotive Group INC
Name of Corporation

DOCUMENT NUMBER: P10000076098

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:

Michael Gannotti
Name of Contact Person

CMG Automotive Group INC
Firm/Company

12225 Stratford ST
Address

Wellington FL 33414
City/State and Zip Code

CMGAUTOMOTIVEGROUP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gannotti at 561, 414-6120
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CMG Automotive Group INC
2. The principal office address: 180 BUSINESS PKWY
ROYAL PALM BEACH FL 33411
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 9/16/2010 Document number: P10000076098

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)

Michael Gennotti
2253 N. Military TRAIL
West Palm Beach FL 33409

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

Michael Gennotti
12225 STRATFORD ST
Wellington FL 33414

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]
Signature of an officer or director

Michael Gennotti 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]
Signature of Registered Agent

10/24/2010
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

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