

P110000107368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

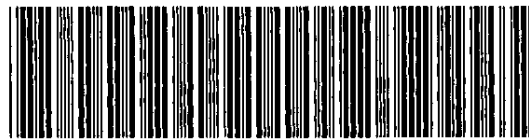
(Business Entity Name)

(Document Number)

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**35.00

12 JUL 24 PM 2:29
CLERK OF SUPERIOR COURT
JUL 24 2012

R/A/RD/chg
@ 7/24/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CBG Marketing Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: Form 308. Change of R/A (corp)

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:

Anna Crouse
Name of Contact Person

CBG Marketing Solutions, Inc.
Firm/Company

1825 Temiami Trail, A6 #107
Address

Port Charlotte, FL 33948
City/State and Zip Code

Crouse.anna@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Crouse at 941, 204-1595
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2012

ANNA CROUSE
CBG MARKETING SOLUTIONS INC.
1825 TAMiami TRL - A-6, #107
PORT CHARLOTTE, FL 33948

SUBJECT: CBG MARKETING SOLUTIONS INC.
Ref. Number: P11000107368

We have received your document for CBG MARKETING SOLUTIONS 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 complete the form in its entirety.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 512A00017747

2012 JUL 24 AM 11:23
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**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: CBG Marketing Solutions, Inc.
2. The principal office address: 1825 Tamiami Trail, A-6 #107
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/19/2011 Document number: P11000107368

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)

Biz Filings Business Filings Inc agent
515 E. Park Ave. ~~201 E. Exchange Blvd~~, ~~32301~~
Tallahassee, FL ~~Madison, WI~~ 53717

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

Anna Crouse
1589 Dorchester Street
Port Charlotte, FL 33952

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

Anna L. Crouse
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

6/25/2012
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