Division of Corporations

Florida Department of State

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001837803)))



H180001837803ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (858)617-6380

From:

Email Address:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

S TALLENT

JUN 21 2018

REGISTERED AGENT CHANGE CT CAPITAL GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

RIAIN

KECEIVEI
18 JUN 20 AH II
SECRETARY OF S

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Divisio	on of Corporations	
SUBJECT:_	T CAPITAL GROUP, INC.	
	Name of Corpor	ration
DOCUMENT	P18000015635 NUMBER:	
The enclosed S	Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return a	dl correspondence concerning this matter to the	he following:
	CHEYENNE MOSELEY	
	Name of Contact	Person
	LEGALZOOM.COM, INC.	
	Firm/Compa	ny
	101 N BRAND BLVD., 11TH FLOOR	
	Address	
	GLENDALE, CA 91203	
	City/State and Zi	Code
	clhunter1@yahoo.com	ŀ
	E-mail address: (to be used for future	e annual report notification)
For further info	ormation concerning this matter, please call:	
CHEYENNE	MOSELEY, LEGALZOOM.COM, INC. at Name of Contact Person	Area Code & Daytime Telephone Number
	35.00 check made payable to the Department	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation or, in order to change its registered office or reg		
I. The name of the corporation: CT CAPITAL GROU		
2. The principal office address: 7512 DR. PHILLIPS	BLVD, SUITE 50-739, ORLANDO, FL 32819	
3. The mailing address (if different): P.O. BOX 3370	0, WINDERMERE, FL 34786	
4. Date of incorporation/qualification: 02/14/2018	Document number: P18000015635	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi		≅
HUNTER, CYNTHIA	でで、 分子で 短子で	
416 BUTLER STREET	\$2.50 \$2.50	20
WINDERMERE, FL 34786		7
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office	9 5!
UNITED STATES CORPORATI	ON AGENTS, INC.	
13302 WINDING OAK COURT,	SUITE A	
P.O. Box	NOT acceptable	
TAMPA, FL 33612		
The street address of its registered office and the str as changed will be identical.	reet address of the husiness office of its registered ager	nt,
Such change was authorized by resolution duly adopauthorized by the board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.	
	TODD HUNTER, PRESIDENT	
Kignature of an officer or director	Printed or typed name and title	•
I hereby accept the appointment as registered agen. I further agree to comply with the provisions of all , performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notific	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.	
(m	6/20/2018	
Signature of Registered Agent	€	•
If signing on behalf of an entity:		
CHEYENNE MOSELEY, ASSISTANT SECRETARY, ON BEHALF OF UNITED STATE CORPORATION AGENTS, INC. Typed of Printed Name	ES	
* * * FILING	FEE: \$35.00 * * *	
	FLORIDA DEPARTMENT OF STATE s, P.O. Box 6327, Tallahassef, FL 32314	