Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H09000230638 3)))



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 : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

MGI GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/29/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State of $\frac{1}{2}$	orida	'	
	er to change its registered office or registered agent, or both, in the State of Flo			
	office address:		-	
	RSE PKWY SOUTH MAITLAND FL 32751			
3. The mailing a	address (if different):			
200 S ORAN	GE AVE SUITE 2300 ORLANDO FL 32801-3432 US			
4. Date of incor	poration/qualification: 1/10/1994 Document number: P940000039	114		
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with rement of State:	the		
	A.G.C. CO	200	99	
	200 S ORANGE AVE SUITE 2300		300	essential de la constant de la const
	ORLANDO FL 32802 US	TAR	OCT 29	enter il
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	Y OF S	th Nd	
	C T Corporation System	PAIG	<u></u>	
	c/o C T Corporation System, 1200 South Pine Island Road	10		
	(P.O. Box NOT acceptable)			
	Plantation, Florida 33324			
The street address changed will	ss of its registered office and the street address of the business office of its re be identical.	egistered	agent,	
	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change. TOMO The little or directors The little or directors The little or directors Tomo The little or directors The little or directors Tomo The little or directors or directors Tomo The little or directors or directo	icer so		
i hereby accept I further agree to If my duties, an	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comple of I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby o been notified in writing of this change.	ste perfoi gent. Or onfirm ti	rmance if this hat the	
ву: Ва	Mare abuse 103009			
	nature of Registered Agent) (Dete)			
f signing on bel	naif of an entity: Barbara A. Burke Special Assistant Secretary			
, a	yped ur Printed Name)			
	* * * FILING FEE: \$35.00 * * *			
MA	Make checks payable to Florida Department of State Lil to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 323	14		

PL006 - 09/14/2005 C T System Online

CR2E045 (8/05)