

P03000089551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

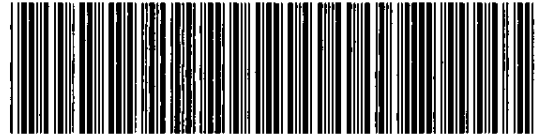
(Business Entity Name)

(Document Number)

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R.A.

TB 2-16-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE STELTMEN GROUP INC.
Name of Corporation

DOCUMENT NUMBER: P03000089551

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:

KEN BURROWS
Name of Contact Person

THE STELTMEN GROUP INC.
Firm/Company

PO BOX 11378
Address

ZEPHYR COVE NV 89448
City/State and Zip Code

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

For further information concerning this matter, please call:

KEN BURROWS at (800) 935-5659 x.71
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

January 25, 2011

KEN BURROWS
THE STELTMEN GROUP, INC.
PO BOX 11378
ZEPHYR COVE, NV 89448

SUBJECT: THE STELTMEN GROUP, INC.
Ref. Number: P03000089551

We have received your document for THE STELTMEN GROUP, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 311A00002081

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: THE STELTMEN GROUP INC.

2. The principal office address: 163 N. SANDUSKY STREET, SUITE 204
DELAWARE, OH 43015

3. The mailing address (if different): PO BOX 11378
ZEPHYR COVE, NV 89448

4. Date of incorporation/qualification: 08/2003 Document number: PO3000089551

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)

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301

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

GLOBAL LUXURY REALTY LLC
550 11th ST. # 202
P.O. Box NOT acceptable
MIAMI BEACH, FL 33139

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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.

Lisa Lynch
Signature of an officer or director

LISA LYNCH - PRES.
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

2-8-11
Date

If signing on behalf of an entity:

WILLIAM GARDNER
Typed or Printed Name

*** FILING FEE: \$35.00 ***