

P10000082985

Christopher J. Violette

(Requestor's Name)

521 SW 21 ter. Bay 1

(Address)

Fort Lauderdale, FL 33312

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

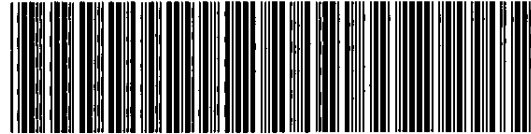
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

06/08/11--01017--014 **70.00

FILED
2011 JUN -8 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOF
6/9/11

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: C AND A CANVAS INC.
2. The principal office address: 527 SW 21 Terrace, Bay 1, Fort Lauderdale, FL 33312
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/11/2010 Document number: P10000082985
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)

Andrew R. Armao

527 SW 21 Terrace, Bay 1

Fort Lauderdale, FL 33312

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

Christopher J. Violette

527 SW 21 Terrace, Bay 1

P.O. Box NOT acceptable

Fort Lauderdale, FL 33312

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 of an officer or director

Christopher J. Violette
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 of Registered Agent

04-01-2011
Date

If signing on behalf of an entity:

n/a
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

CR2E045 (8/05)

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