

357121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

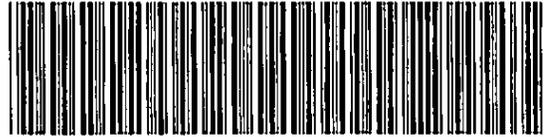
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
200 MAY 14 AM 09

TO: Amendment Section
Division of Corporations

SUBJECT: CAVALIER MEN'S WEAR, INC.
Name of Corporation

DOCUMENT NUMBER: 357121

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:

ERNESTO PIRELA
Name of Contact Person

TAX ADVISORS OF FLORIDA LLC
Firm/Company

11402 NW 41 ST SUITE 210
Address

DORAL FL 33178
City/State and Zip Code

info@taxesfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNESTO PIRELA at (786) 4104770
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

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: CAVALIER MEN'S WEAR, INC.
2. The principal office address: 1365 WOODCREST RD E WEST PALM BEACH FL 33417

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/23/1969 Document number: 357121

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 ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY SUITE 200 MIAMI, FL 33145

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

TAX ADVISORS OF FLORIDA LLC
11402 NW 41 ST SUITE 210 DORAL 33178

P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS
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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.

Signature of an officer or director

Printed or typed name and title
Gilia Elena Rincon (S.A.) S

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

Date
05-11-18

If signing on behalf of an entity:

Typed or Printed Name
ERNESTO Picola

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314