579013

(Requestor's Name)
(Address)
(Address)
(riddicaa)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Degree and Member)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opecial instructions to 1 ming officer.

Office Use Only



700096388377

04/16/07--01019--022 ***35.00

Ro chy

FILED

O7 APR 16 PH 2: 23

OT APR 16 PH 2: 23

COVER LETTER

TO: Amendment Section Division of Corpora	n tions				
SUBJECT:	C.E.M. Enterp	rises, Inc. of Corporation)			
DOCUMENT NUMBER:	579013				
The enclosed Statement of C	Change of Registered C	Office/Agent and fee are sub-	mitted for filing.		
Please return all corresponde	ence concerning this m	natter to the following:			
	Charle	s E. Meeks			
(Name of Contact Person)					
C.E.M. Enterprises, Inc. (Firm/Company)					
	(1	iii compuny,			
1757 Benbow CT//					
	((Address)	* 2		
	Apopk (City/Sta	a, FL 32703			
For further information concerning this matter, please call:					
Charles E.	. Meeks	at (<u>407</u>) 88 (Area Code & D	34-9148		
(Name of Co	ontact Person)	(Area Code & Da	aytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.					
Div P.C	niling Address: nendment Section vision of Corporation D. Box 6327 Ilahassee, FL 32314	Clifton Buil	Corporations Iding itive Center Circle		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508 nge is submitted for a corporation organized under r to change its registered office or registered agent,	the laws of the State of Flor	ida
1. The name of t	he corporation: C.E.M. Enterprises, Inc.		
	office address: 1757 Benbow CT, Apopka, FL	32703	
			9
3. The mailing a	ddress (if different): 1757 Benbow CT, Apopk	a, FL 32703	PR 16
4. Date of incorp	poration/qualification: 7/13/1978 Docu	ument number: 579013	品品
	I street address of the current registered agent and retment of State:	gistered office on file with the	2: 23 FLORID
	Vezina, Lawrence & Piscitelli, P.A.		V
	350 E. Las Olas Blvd.		
	FT. Lauderdale, FL 33301		
6. The name and (if changed):	I street address of the new registered agent (if change	ed) and /or registered office	
	Vezina, Lawrence & Piscitelli, P.A		
	300 SW First Avenue, Suite 150		
	(P.O. Box NOT acceptable)		
	FT. Lauderdale, FL 33301		
The street address changed will	ess of its registered office and the street address of be identical.	f the business office of its reg	sistered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its both board, or the corporation has been notified in w	ard of directors or by an officeriting of the change.	cer so
	Charle	es E. Meeks, President (Printed or typed name and title)	
I hereby accept	the appointment as registered agent and agree to to comply with the provisions of all statutes relating lam familiar with and accept the obligation of the filed merely to reflect a change in the registeres been notified by writing of this change.	act in this capacity.	e performance ent. Or, if this onfirm that the
MM	Jan Mill	4/10/07	
70 (S)	enature of Registered Ament)	(Date)	
If signing on be	chalf of an entity:		
Vezina, L	aurence & Piscitelli, P.A. Typed or Printed Name)		

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

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