

FID0000000104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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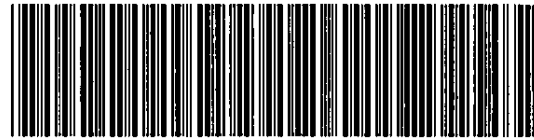
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B Block SEP 17 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CWS Unlimited Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

JORDAN TYLER

Name of Contact Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

5850 GRANITE PARKWAY, STE 215

Address

PLANO, TX 75024

City/State and Zip Code

JORDAN@LEGALINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN TYLER

Name of Contact Person

at (970) 581-6156

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 Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CWS Unlimited Inc.
2. The principal office address: 3010 Silver Wood Dr
KISSIMMEE, FL 34741
3. The mailing address (if different): P. O. BOX 367
INTERCESSION CITY, FL 33848-0367
4. Date of incorporation/qualification: 01/07/2010 Document number: F10000000104
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)

NRAI SERVICES, INC

1200 South Pine Island Road

Plantation, FL 33324

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

LEGALINC CORPORATE SERVICES INC.

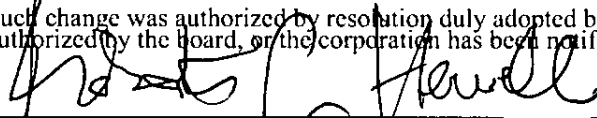
5237 Summerlin Commons

P.O. Box NOT acceptable

Fort Myers, FL 33907

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

Robert C. Howell, Officer
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

9/1/2016

Date

If signing on behalf of an entity:

MARSHA DASCH

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 (03/12)

16 SEP 13 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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