

F13000003767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

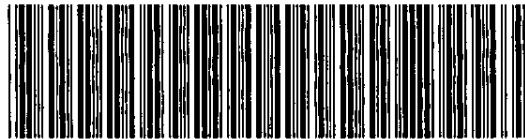
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JAN 11 AM 8:55
DIVISION OF REVENUE
STATE OF NEW YORK

JAN 13 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.S.D., Inc.

Name of Corporation

DOCUMENT NUMBER: F13000003767

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:

Kirke Marsh

Name of Contact Person

WillMar Management, Inc.

Firm/Company

228 East 45th Street - Suite 9E

Address

New York, New York 10017

City/State and Zip Code

kirke@willmarmanagement.com

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

For further information concerning this matter, please call:

Kirke Marsh

Name of Contact Person

at (**347**) **227-0244**

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

1. The name of the corporation: C.S.D., Inc.

2. The principal office address: 228 East 45th Street, Suite 9E New York, NY 10017

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/29/2015 Document number: F13000003767

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)

Discount Registered Agent

493 Boundary Blvd

Rotunda West, FL 33947

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

Northwest Registered Agent LLC

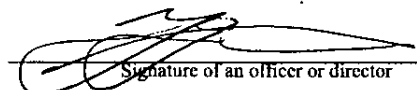
3030 N. Rocky Point Dr, Ste 150 A

P.O. Box NOT acceptable

Tampa, FL 33607

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

Jacob Willemsen, Secretary

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

12/29/2015

Date

If signing on behalf of an entity:

Tom Glover-- Assistant Secretary

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 JAN 11 AM 8:56

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS