

F15000003623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

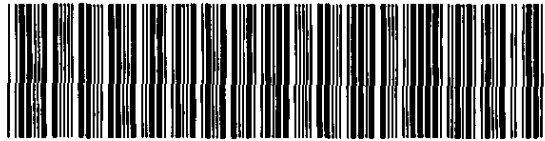
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 21 10 2:03

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RECEIVED
SUFFICIENCY OF FILING

16 SEP 19 AM 9:15

RECEIVED

T. LEMMEUX

2019

Handwritten signature

Proctors Kluwer (put in Sunshine Corp Box)
850-656-4724

Entity Name:

CMW and Associates Corporation

Doc Number:

F15000003623

Account # FCA 0000000 23

Please file and return plain copy!

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
Articles/Amends		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/16/2016

Order#: 10164792

Ref#: _____

Amount: \$ \$ 25.00

CT CORP - C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Acc#120160000072

9/21/2016

REFILE
2/2/17

Name:	CMW AND ASSOCIATES CORPORATION
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:		Certified:	
		Plain:	
		COGS:	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 10.00

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

WOLTERS KLUWER
SUNSHINE CORP

SUBJECT: CMW AND ASSOCIATES CORPORATION
Ref. Number: F15000003623

We have received your document for CMW AND ASSOCIATES CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 116A00020162

RECEIVED
DEPARTMENT OF STATE
16 SEP 21 PM 3:44

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

1. The name of the corporation: CMW AND ASSOCIATES CORPORATION
2. The principal office address: 6300 S 6TH STREET RD, SPRINGFIELD, IL 62712
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/17/2015 Document number: F15000003623
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

C T Corporation System

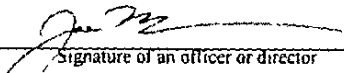
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

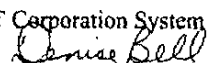
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jose Mella - Assistant 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.

By: 
Signature of Registered Agent

8/8/2016

Date

If signing on behalf of an entity:

Denise Bell

Typed or Printed Name

SEP 21 2 03 PM '16