

F9500000/252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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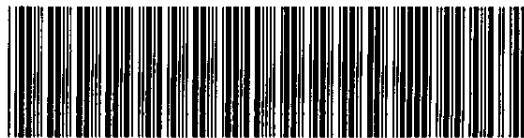
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1-14-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CMI BUSINESS SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: N/A

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:

STANLEY C. MARSZALK
Name of Contact Person

CMI BUSINESS SERVICES, INC.
Firm/Company

2 BALMORAL DRIVE
Address

NICEVILLE, FL 32578
City/State and Zip Code

CMIHOTLINE@CMI.GCCOXMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STANLEY C. MARSZALK at (850) 897-3883
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 WASHINGTON in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CMI BUSINESS SERVICES, INC.
2. The principal office address: 2 BALMORAL STREET
NICEVILLE, FL 32578
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-4-1975 Document number: 600 167 884
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)

CT CORPORATION

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):

STANLEY C. MARSZALK

2 BALMORAL DR.


P.O. Box NOT acceptable

NICEVILLE, FL 32578

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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

STANLEY C. MARSZALK

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

1-10-2011

Date

If signing on behalf of an entity:

STANLEY C. MARSZALK

Typed or Printed Name

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