

K54013

(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



200255297422

01/13/14--01018--006 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JAN 13 PM 2:22

RA/RO change

JAN 17 2014

T. CARTER



**Statement of Change of Registered Office
or Registered Agent or Both for
Corporations**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 1/10/2014
STATE: FLORIDA
REP UNIT: CUSTOMS AND TRADE SERVICES,
INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #24700 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-314038

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

1. The name of the corporation: CUSTOMS AND TRADE SERVICES, INC.
2. The principal office address: 10801 N.W. 97th Street, Suite 1
Miami, FL 33178
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/28/1988 Document number: K54013
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)

Reinaldo Rodriguez

10801 N.W. 97th St., Suite 1

Street Address

Miami

City

FL

State

33178

Zip Code

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

Capitol Corporate Services, Inc.

155 Office Plaza Drive, Suite A

Street Address

P.O. Box NOT acceptable

Tallahassee

City

FL

State

32301

Zip Code

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

Elizabeth Li Scarbrough

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.

Delanie Case, asst sec.

Signature of Registered Agent

1-10-14

Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 13 PM 2:22