

K5 7883

(Requestor's Name)



Mr. David Chisholm
1654 NW 75th St. Apt. 215
Miami, FL 33147-6474



(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: CHISHOLM BROTHERS, INC.

2. The principal office address: 1654 NW 75 Street, 215, Miami, FL 33147

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/12/89 Document number: K57883

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)

Stuart M. Gold, Esq.

6625 Miami Lakes Drive, Ste. 217

Miami Lakes, FL 33014

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

Stuart M. Gold, Esq.

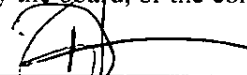
5801 NW 151 Street, Ste. 307

P.O. Box NOT acceptable

Miami Lakes, FL 33014

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 authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

DAVID CHISHOLM, President

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

2/13/15

Date

If signing on behalf of an entity:

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

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AND
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