

U10000042499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

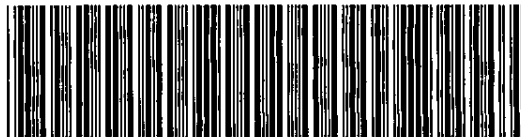
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAFPI USA
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORALIE TEICHMAN
Name of Person

CAFPI USA
Firm/Company

2858 N UNIVERSITY DR
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

management@cafpiusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORALIE TEICHMAN at (954) 340 1113 x 305
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a) _____ Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) _____ Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2858 N UNIVERSITY DR
NEW Registered Office Address:
 CORAL SPRINGS, FL 33065

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

LAURENCE ASSOULINE
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely make a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.

Signature W. A. [illegible]