L130000 11945

(Requestor's Name)				
(Address)				
(Addre	ess)			
(City/S	tate/Zip/Phone	. #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800387878778

05/25/22--01008--022 **25.0



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	UBJECT: ATLANTIC FEEDER SERVICES (USA), LLC					
		e of Limited Liab				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee	e(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Kriste	en Carter					
	Name of Person					
Para	corp Incorporated					
	Firm/Company					
2804	GATEWAY OAKS DRIVE #100					
	Address					
SAC	RAMENTO , CA 95833					
	City/State and Zip Code					
PARA	ACORP@MYPARACORP.COM					
E	E-mail address: (to be used for future ann	ual report notifica	tion)			
For fu	rther information concerning this matter,	please call:				
KRIS	TEN CARTER	at (800	533-7272			
	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	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

r wa		CENE	D CEDVIC	CEC/LICAN LLC	
1. Na	une of the limited liability company:			CES (USA), LLC	
2. (a)		((b)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	M		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3323 NE 163RD STREET, SUITE 403		3323 N	E 163RD STREET, SUITE 403	
	NORTH BEACH MIAMI, FL 33160	_	NORTH	H BEACH MIAMI, FL 33160	
	01/23/2013		L130000	011945	
3.	Date of filing/registration in Florida	4.		Document number	
5 (a)	CORPORATE MAINTENANCE SERVICES	, LLC			
5. (a)	Registered Agent and Registered Office shown on the records of		da Dept. of Sta	ue:	
				~	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			25.	
	1000 BRICKELL AVE STE 400			三 三	
	MIAMI, FI	3313	1	PILLED PH	
(b)	SETH G. COHEN, ESQ.			FID PH 2: 26	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- 26		
	GRAYROBINSON, P.A.,				
	NEW Registered Office Address:			_	
	301 E. PINE ST., STE. 1400			_	
	ORLANDO, FI	3280	1		
the cha agent v was/wa	imited liability company is not organized under the latinge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regiability of the li	gistered office company, it mited liabili I liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a faint in the registered office address, I d in writes of this change.	ree to a perfor d for in hereby	nct in this ca mance of my i Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
orgnatu	ne or ivekisteren vikent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00