116000041820

(Requestor's Name)					
(Address)					
(Address)					
(C	ity/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
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R. WHITE
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2020

DAVID LOEWER 2616 WHITE OAK LANE TITUSVILLE, FL 32780

SUBJECT: CFO HOLDINGS LLC Ref. Number: L16000047820

We have received your document for CFO HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 120A00006969

Catherine

I have enclosed an additional 50, as

to cover The Change as well as a cartified

copy.

Howh you!

Dave

www.sunbiz.org

COVERLETTER

TO: Registration Section Division of Corporations						
CFO Holdings LLC SUBJECT:						
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 m	atter to the following:					
David C. Loewer						
Name of Person						
CFO Holdings LLC						
Firm/Company						
2616 White Oak Lane						
Address						
Titusville, Florida 32780						
City/State and Zip Code						
Nasabound1@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ase call:					
David C. Loewer	386 871-4507					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following am	ount:					
☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy					

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.

1. Na	ame of the limited liability company: CFO Holdings			
2. (a)		,	b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maili	ing address of limited liability company: ote: MAY BE POST OFFICE BOX)
	2616 White Oak Lane		2616 White Oa	k Lane
	Titusville, Florida 32780		Titusville, Flor	ida 32780
	March 8, 2016		L16000047820	
3.	Date of filing/registration in Florida	4.	Doo	cument number
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	la Dept. of State:	
	United States Corporation Agents, INC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u> </u>	
	5575 S. Semoran Blvd, Suite 36			0202
	Orlando	L_32822		
	F	L		5
(b)				~~»
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	- : ·
				÷.
	David C. Loewer			
	NEW Registered Office Address:			
	2616 White Oak Lane			
	Titusville, F	, 32780		
change agent v was/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of the li e limited	red office and the ompany, it is her nited liability co	e business office of the registered reby confirmed that the change(s) impany or as otherwise provided in
Signa	nure of a member or authorized representative of a member		Prir	nted or typed name of signee
provisi the obj 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 change in the registered office address. I d in writing of this change.	e perfort	iance of my dutic	rs, and I am familiar with and accept