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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		_
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LLC REGISTERED AGENT CHANGE **CAMME CONSULTING LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

JUN 23 2020

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 2029 JUL. 22 711 9: 08

1. The name of the limited liability company is: CAMM	ME CONSULTING LLC
2. (a) Principal office address of the limited liability company:	1001 BRICKELL BAY DRIVE
(Note: MUST BE STREET ADDRESS)	STE 1202
INUIC, WIOST BE STREET ADDRESS!	MIAMI FL 33131
(b) Mailing address of limited liability company:	1001 BRICKELL BAY DRIVE
(Note: MAY BE POST OFFICE BOX)	STE 1202
	MIAMI FL 33131
12/30/2016	1.17000000172
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	ABITOS PLLC
Registered Office Address:	201 Albambra Circle
	Suite 701
	Coral Gables FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered Office address:
NEW Registered Agent:	Corporate Creations Network Inc.
NEW Registered Office Address:	801 US Highway I
(MUST BE FLORIDA STREET ADDRESS)	77 03 100
	North Palm Beach FL 33408
on change are made, the Florida street address of the registered	it is hereby confirmed that the change(s) was were authorized by
_	
Joseph Panholzer, Attorney-in-Fact (Printed or Typed name of signee)	
I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 60 in the registered office address. I hereby confirm that the limite	to act in this capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the obligations of 5, FS. Or, if this document is being filed to merely reflect a chang d liability company has been notified in writing of this change. ter, Special Secretary
(Signature of Registered Agent) Division of Corporations, P.O. I	Box 6327, Tallahassee, FL 32314
INHS18(10/99)	
Corporate Creations International	
801 US Highway 1 North Palm Beach FL 33408	

(561) 694-8107