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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
. (Bu	ısiness Entity Naı	me)
(Do	ocument Number)	_
Certified Copies		
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF

ROCH8

COVER LETTER

SUBJECT: CHRISTIAN CEUR US CAMPAIGN FOR FLANDA STATE PER.	10
·	
DOCUMENT NUMBER: NO900011500	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHNISTIAN CEVALLOS	
Name of Contact Person	
Firm/Company	
9204 SW 167 PL. Address	
Address	
MIANI, FL. 33/96	
City/State and Zip Code	
'ccevallos 1230 hotasil.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

i. The name of the	to change its reg	CHR157	ANG	EVAL	ios car	1914	N FOR	STATE	PGI
. The principal of		9204	ريمي	167	PLACE	, H	IAMI -	FL-3.	3196
The mailing ac	dress (if differer	nt):							
. Date of incorp	oration/qualifica	tion: 12/	o i ka	9 Do	cument nun	nber:	1090	000 113	500
5. The name and			-	_	registered o	ffice on	file with th	e	
Fiorida Depart	ment of State: (If	resigned, ento CHPUS 77	_	•	41105				
-		13454							
-									
-		MIL	tall 1	Fl.	33/83				=
6. The name and (if changed):	street address of	the new regist	ered agen	t (if char	ged) and /o	r registe	red office	古品	SECRE
(CHR	is n'A	~ (EVAL	405		3	11.7
•		9204 P.C	sw	16:	+ PLA	 ادر= -		到 到	999
•		P.0	Box NOT	acceptable		<u> </u>		4	9 3
u.	·	M	m	IF	-2.33	176		9	55 3
The street address as changed will i	ss of its registere	d office and t	ne street a	ddress o	f the busine	ess offic	e of its reg	istered age	ent,
as changed with a Such change was authorized by the		esolution duly	adopted	by its bo	ard of direc	ctors or	by an offic	er so	
authorized by the	board, or the co	orporation has	been not	_		1	_	_	`
Signature	of an officer or direct	or	_	<u> </u>	Printed or	typed nam		ALLO	• -
l hereby accept t I further agree to performance of r agent. Or, if this hereby confirm t	o comply with the my duties, and I is a document is be	e provisions o am familiar w ing filed mere	f all statu ith and ac ly to refle	tes relat scept the ect a cha	ive to the pi obligation nge in the r	roper an of my pe egistere	d complete osition as r	egistered	
,					12-	05-	13		
	ature of Registered Ag	ent	_			Date			_
Sign	Ü								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)