## N11000005380

(Requestor's Name)		
(Address)		
<del></del>		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ming officer.		





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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Chem Angol	FnC	
DOCUMENT NUMBER: N 11 00060	538.0	
The enclosed Statement of Change of Registered Offi	cc/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Chen lot 6  Name of Contact Person  Chonsangels  Firm/Company  8703Boch Cie		
Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
· : : Chansangals	· • • • • • • • • • • • • • • • •	
Firm/Company		
Address	gu D:	
Sit Colo 1	Beach H 33706	
City/State and Zip Code	2006	
Same		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
Chan Loter	at ( 727 ) 946 9660  Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:  Che as a needs The  2. The principal office address:  57. Pelo Beach fl 33706  3. The mailing address (if different):
2. The principal office address: 5703 Boca Crepa De
St. Celo Beach Il 33706
3. The mailing address (if different):
4. Date of incorporation/qualification: 2011 Document number: N 110000 538 C
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
8703 Bog Cicga Dr 5t Pelo Beach fl 33706
St Peto Beach Fl. 33706
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
13013 Seminalo Blod # 1171
P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date:
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)