P00000009621

(Danish da Nama)
(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200258175352

03/25/14--01006--017 **35.00

14 MAR 25 PM 1:36
SECRETARING PLOND

MAR 2 6 2014

C. CARRUTTI CO

COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJI	CCT: CLS INVEST MENTS FAC Name of Corporation	
	MENT NUMBER: P000000 962/	
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	ALBERTO M. AGVIAC CPA. Name of Contact Person AGVIAC CARREA MACEO & Co. LLP. Firm/Company	
	Address MIAMI LAKES FL 33014 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	ther information concerning this matter, please call:	
ALB	Name of Contact Person at (305) 5588964 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 Street Address: Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

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
1. The name of the corporation: CLS INVEST MENTS INC.
2. The principal office address: 6500 COWPEN ROAD SUITE# 202
MIAMILAKES, FL 33014
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 01/28/2000 Document number: P000000 9621
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)
GRESS RICHARD W. ESQ U/O RICHARD W. GROSS.
6625 MIGMI LAKES DRIVE, EAST SVITE# 346
miamicakes fl 33014
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ALBERTO M. AGUIAR CPA. 6500 Cow PEN ROAD SVITE # 2028 P.O. Box NOT acceptable MIAMI LAKES, FL 33014
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 loard of the corporation has been notified in writing of the change. CARLOS A. SAMA PRESIDENT 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:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name