

POO 0000063276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

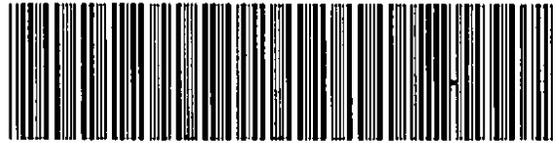
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600350936366

08/24/20 01023-010 \$=35.00

FILED

2020 AUG 24 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/07/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CCSI USA, Inc.
Name of Corporation

DOCUMENT NUMBER: P000000632710

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:

Gilles Courchene Sr.
Name of Contact Person

CCSI USA, INC.
Firm/Company

7050 Del Corso Lane
Address

Delray Beach, FL 33446
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
gilsr@ccsiusa.com

For further information concerning this matter, please call:

Gilles Courchene at (561) 239-3665
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303