Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000033880 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4000

From:

Account Name

: HARPER, KYNES, GELLER

Account Number : 070651000745

Phone

(727) 799-4840

Fax Number

: (727)797-8206



REGISTERED AGENT CHANGE

CPILIMITED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Manu-

Corporate Filing

Public Access I



H01000033880 5

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

the undersigned	e provisions of sections of I corporation organized v owing statement in order	inder the laws of the S	State of Florida.	-
he State of Flor	-	to change in regime.	rea office of registers.	a ugeru, or oom, m
	the corporation is: C	P I Limited, Inc	3. <u> </u>	
	-			
2. The mailing a	address of the corporation	n is: 1660 Gulf B	lvđ., #307, C l ear	water, FL 33'67
3. Date of incom	rporation/qualification:	March 19, 2001	_ Document number:_	P01000029032
4. The name and	d address of the current r	egistered agent and of	fice:	
	Jack J. Gell	er		
	2560 Gulf to	Bay Blvd., Suit	e 300	ಕೃಷ್ಣ 0
	Clearwater,	FL 33765		尼豆豆
5. The name an	d address of the new regi	istered agent and offic	e: (P. O. Box Not Acc	eptable 2
_	Bill W. Maza	ıŝ <u> </u>		552 - 1
	1660 Gulf Bl	.vd., #307		OI IPR -4 PM 2: 07 SECRETARY OF STA
	Clearwater,	FL 33767	 -	To Co
The street addr agent, as chang	ess of its registered officed, will be identical.	ce and the street addre	ess of the business offi	ce of its registered
Such change wanthorized by t	as authorized by resolut he board.	ion duly adopted by it	ts board of directors or	r by an officer so
Birt	11 M	-	4/5	5/01
(Signature	of an officer, chairman or vice	chairman of the board)	, <u> </u>	rafo)
-Bill W. M	azas, <u>President</u>			
Having been n	(Printed or typed name ar amed as registered agen hereby accept the appoi to comply with the prov f my duties, and I am far nt.	t and to accept service	e of process for the aligent and agree to act elative to the proper of the obligation of my	pove stated t in this capacity. and complete position as
	+71		ilalai	
Tit de	Signator of Registered Agent)	4	(Date)	· · · · · · · · · · · · · · · · · · ·
If signing on beha	lfofan entity:			
	(Typed or Printed Name)		(Capacity)	
	* * *	FILING FEE: \$35.0	30 * * *	
CR2E045(7/97)	- '			
- T	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 3	2314