POI 0000 32894

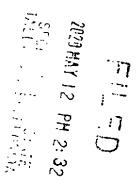
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
. , , , , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions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

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COVER LETTER

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: CENTRAL BUSINESS PARK, INC.
Name of Corporation
DOCUMENT NUMBER: P01000032894
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:
John Toth
Name of Contact Person
Central Business Park Inc.
Firm/Company
20 Snap Dragon Court
Address
Asheville, NC 28804
City/State and Zip Code
john@tothrealty.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Toth 21 (561) 308-1941
Name of Contact Person at (561) 308-1941 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

CR2E045 (04/13)

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

sicilement of ci	nunge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1. tion organized under the laws oj e or registered agent, or both, in	The State of Florida
	f the corporation: Central Busine		me state by Fibrida.
	al office address: 20 Snap Dragon		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 3/30/200	Document numb	per: P01000032894
5. The name an	nd street address of the current reartment of State: (If resigned, en	gistered agent and registered of	ice on file with the
	Toth, John		
	20 Snap Dragon Ct.		
	Asheville, FL 28804		
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or r	egistered office
	InCorp Services, Inc.		
	17888 67th Court North		
	Loxahatchee, FL 33470	P.O Box NOT acceptable	ZCZ9 H
The street addre as changed will	ess of its registered office and to be identical.	ne street address of the business	office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of director been notified in writing of the	rs or by an officer so ochange.
Signatur .	e of an olivery or director	John Toth, President	red name and title
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered of comply with the provisions of a lamiliar with and acceping filed merely to reflect a charbeen notified in writing of this	agent and agree to act in this ca fall statutes relative to the prop the obligation of my position a	pacity. per and complete performance is registered agent. Or, if this ess. I hereby confirm that the
as	2		
	ature of Registered Agent nalf of an entity:	May 7, 2020	ate
Amber Ragland o	on behalf of InCorp Services, Inc.	_	

* * * 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)