PD1000069177

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APR 0.5 2017

COVER LETTER

Division of Corporations				
SUBJECT: Cliff Drysdale Enterprises, Inc. Name of Corporation				
DOCUMENT NUMBER: P01000069177				
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:				
Leslie Adler, CPA				
Name of Contact Person				
Kabat, Schertzer, De La Torre, Taraboulos & CO				
Firm/Company				
9300 S Dadeland Blvd Ste 600				
Address				
Miami, FL 33156				
City/State and Zip Code				
Ladler@ksdt-cpa.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person 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 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

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

statement of che	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florid poration organized under the laws of the State of Office or registered agent, or both, in the State of	f Florida		
1. The name of	the corporation: Cliff Dry	sdale Enterprises, Inc.			
2. The principal	office address: 2412 Be	ee Creek Road			
		ood, TX 78669			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 07/	/13/01	00069177		
5. The name and		nt registered agent and registered office on file	with the		
	Robert Allen Law		_		
	1441 Brickell Ave,	Ste 1400	_		
	Miami, FL 33131				
6. The name and (if changed):	d street address of the new r	registered agent (if changed) and /or registered of	圣空 另	771	
	Leslie Adler, CPA		SSE	一一	
	9300 S Dadeland Blvd, Ste 600 P.O. Box NOT acceptable				
	Miami El 22156	P.O. Box NOT acceptable	OR IN		
	Miami, FL 33156		_ 3>		
The street address changed will	ess of its registered office a be identical.	and the street address of the business office of	its registered agen	ıt,	
Such change wa authorized by th	//	duly adopted by its board of directors or by an has been notified in writing of the change.	n officer so		
	He of an originary of differential	Cliff Drysdale Printed or typed name and t	idle		
I hereby accept I further agree to performance of	the appointment as registe to comply with the provision my duties. and I am famili	ered agent and agree to act in this capacity. ons of all statutes relative to the proper and co ar with and accept the obligation of my position merely to reflect a change in the registered offeen een notified in writing of this change.	mplete on as registered		
y Lolin	lear	3/26/17			
_	nature of Registered Agent	Date			
Leslie Adle	half of an entity:				
	vned or Printed Name	<u>_</u>			

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