

PD 2000088298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

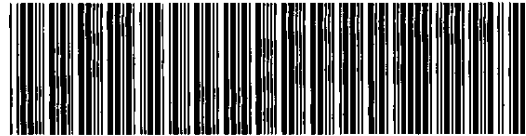
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/10--01018--017 **35.00

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10 SEP 14 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLIETTE

SEP 14 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ceve Inc
Name of Corporation

DOCUMENT NUMBER: P02000088298

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Babette Fitzgerald
Name of Contact Person

Ceve Inc
Firm/Company

6996 Piazza Grande Ave #312
Address

Orlando, FL 32835
City/State and Zip Code

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

For further information concerning this matter, please call:

Babette Fitzgerald at (407) 434-0369
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

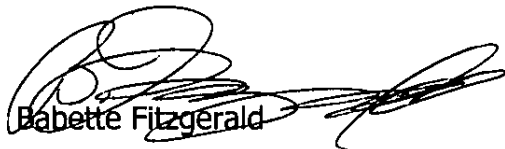
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Dear Cheryl Coulliette:

Thank you again for contacting me in advance. I have enclosed the proper paperwork this time, should there be anything that needs correction or change. Please feel free to call me direct, my cell is 407-913-5000. Again I appreciate your diligence to this matter and all your hard work!

Warmest Regards,


Babette Fitzgerald

Grand Global Vacations
6996 Piazza Grande Ave Ste.
Orlando, FL 32835

Toll Free: 1-877-769-6958
Fax: 1-877-231-0494
Local: 407-434-0369

Email: Customerserviceggv@live.com

RECEIVED
2010 SEP 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2010

BABETTE FITZGERALD
CEVE, INC.
6996 PIAZZA GRANDE AVE #312
ORLANDO, FL 32835

SUBJECT: CEVE, INC.
Ref. Number: P02000088298

We have received your document for CEVE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

I am returning your application for articles of correction to you since you have submitted the wrong form. Per phone call this afternoon, you will be replacing this application with the change of registered agent application in order to changed your addresses on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 510A00021424

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ceve Inc.
Name of Corporation

DOCUMENT NUMBER: P2000088298

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:

Babette Fitzgerald
Name of Contact Person

Ceve Inc.
Firm/Company

6996 Piazza Grande Avenue #312
Address

Orlando, FL 32835
City/State and Zip Code

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

For further information concerning this matter, please call:

Babette Fitzgerald at (877) 769-6958
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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ceve Inc.
2. The principal office address: 6996 Piazza Grande Avenue #312, Orlando, FL 32835
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/2002 Document number: PD2000088298
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)

6443 Axeitos Terrace #104
Orlando FL 32835

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

6996 Piazza Grande Ave #312
Orlando FL 32835

P.O. Box NOT acceptable

FILED
10 SEP 14 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 board, or the corporation has been notified in writing of the change.


Signature of an officer or director

B. FITZGERALD
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

9/08/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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 (8/05)