DOCUMENT # P02000119943 (2)

1. Entity Name
CIOA SERVICE, INC.

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90057 008 ***150.00

[redacted]

Principal Place of Business	Mailing Address
2880 W OAKLAND PARK BLVD SUITE 110 FORT LAUDERDALE FL 33311	2880 W OAKLAND PARK BLVD SUITE 110 FORT LAUDERDALE FL 33311

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2880 W Oakland Park Blvd	2880 W Oakland Park Blvd
Suite, Apt. #, etc.: Suite 110	Suite, Apt. #, etc.: Suite 110
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. FEI Number: 36-4516104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132	Name: Filings, Inc Street Address (P.O. Box Number is Not Acceptable): 3732 NW 16 th Street City: Ft Lauderdale FL Zip Code: 33311-4132

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURNE, RUBY 2880 W OAKLAND PARK BLVD SUITE 110 FORT LAUDERDALE FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAREUS, LUCE 2880 W OAKLAND PARK BLVD SUITE 110 FORT LAUDERDALE FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #