

P03 000072560

(Requestor's Name)

CTE Inc
8211 Pinchard St
Tampa, FL 33615

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

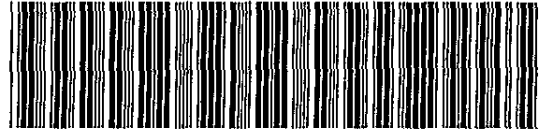
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*RACHANGE
T. Lewis*

06/14/04--01028--025 **35.00

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TALLAHASSEE FLORIDA

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**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : CTEI, Inc.
2. The mailing address of the corporation : 8211 Pinhurst
Tampa FL 33615
3. Date of incorporation/qualification: _____ Document number: P. 0300072560
4. The name and address of the current registered agent and registered office:
Spiegel & Utrera, P.A.
1840 SW 22nd St, 4th Floor
Miami, FL 33145
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)
Erline Isaac
8211 Pinhurst
Tampa FL 33615

CLERK OF THE
TREASURY OF STATE
TALLAHASSEE FLORIDA

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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.

Erline Isaac
(Signature of an officer, chairman or vice chairman of the board)

5/27/04
(Date)

Erline Isaac, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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