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ALLAHASSEE, FLORIDA

COVER LETTER

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JACKSONVILLE FL 32257-5206 (City/state and zip code)

For further information concerning this matter, please call:

DAN J. Thomas, Jr. at (904) 8280340
(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 409 E. Gaines Street Tallahassee, FL 32399

FILED

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CLARASSEE EL DON

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CDT Enterprises, Inc.
2. The principal office address: 4867 Victoria Chase c7
Jacksonville, FL 32257-5206
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/04/2003 5 Document number: P0300008476
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Spiegel + Utrera, PA
1840 Coral Way, 4th Floor
Miami, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DAN J. Thomas, Jr., CEO
4867 Victoria Chase CT 35 3
Jackson ville, FL 32257-5206
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.
Many James & DAN J. Thomas JR_ (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.
Way Hone (Signature of Registered Agent) 10-4-2004 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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