P03000084940

, (Re	questor's Name)	<u></u>
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: C & C Shipping Company, Inc.

Name of Corporation

DOCUMENT NUMBER: P03000084940

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:

Cory Hermelyn

Name of Contact Person

Firm/Company

2840 S. Park Rd.

Address

Pembroke Park, FL 33009

City/State and Zip Code

ccshipping@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Hermelyn

,954

456-5806

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

The name of t	the corporation: C & C Shipping C	ompany ^{Inc}
. The principal	office address: 2840 S. Park Rd.	- Suite B, Pembroke Park, FL 33009
The mailing a	ddress (if different):	
I. Date of incorp	poration/qualification: 07/30/2003	Document number: P03000084940
	I street address of the current registered a rtment of State: (If resigned, enter resigned	gent and registered office on file with the
	Creg Hermelyn	
	2840 S. Park Rd.	TALLAHASSEE
	Pembroke Park, FL 33009	P 23 P
6. The name and (if changed):	d street address of the new registered age	
	Cory Hermelyn	
	2840 S. Park Rd Suite B	T.A.
	P.O. Box NOT Pembroke Park, FL 33009	acceptable
		address of the business office of its registered agen
V	he board, or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.
5 lay		Creg Hermelyn / Pres.
l hereby accept I further agree performance of agent. Or. if th	my duties, and I am familiar with and a	utes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I
4		9-19-13
Sig	nature of Registered Agent	Date
lf signing on be	ehalf of an entity:	
	Typed or Printed Name	