

(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
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(Do	ocument Number)	<u> </u>
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COVER LETTER

	ent Section of Corporations	
suвјест:_Се	enterior International Service (Name of Con	ces, Inc. (Net Action)
DOCUMENT N	UMBER: P03000088851	
The enclosed Stat	ement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter t	to the following:
	Esmat D. Doss (Name of Cont	Seed Develop
	(Name of Cont	act Person)
	Centerior International Ser (Firm/Con	vices, Inc.
	660 Island Way, Unit 207 (Addre	ess)
	Clearwater, Florida 33767 (City/State and	ł Zip Code)
For further inform	nation concerning this matter, please ca	ill:
Esmat D. Dos	s Iame of Contact Person)	at (717) 442-2864 (Area Code & Daytime Telephone Number)
(1)	anie of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35	.00 check made payable to the Departn	nent of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida ristered agent, or both, in the State of Florida.	_
1. The name of t	the corporation: Centerior Internation	onal Services, Inc.	
2. The principal	office address: 660 Island Way, Ur	nit 207, Clearwater, Florida 33767	
3. The mailing a	address (if different): P. O. Box 360)1, Clearwater, FL 33767	
4. Date of incorp	poration/qualification: 8/13/03	Document number: P0300088851	
	d street address of the current registered the transfer of State:	d agent and registered office on file with the	
	Nickolas C. Ekonomides,	P.A	
	791 Bayway Boulevard		JEST C
	Clearwater, FL 33767		2007 OCT 24
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	
	Esmat D. Doss		
	660 Island Way, Unit 207		
	(P.O. Box NOT accepta		
The street addreas changed will	ess of its registered office and the street be identical.	eet address of the business office of its registered age	nt,
Such change wa authorized by the	as authorized by resolution duly adop the board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.	
	(D)	Esmot Duss	
	ure of an officer or director)	(Printed or typed name and title)	_
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all said I am familiar with and accept the cing filed merely to reflect a change in seen notified in writing of this chan	t and agree to act in this capacity. statutes relative to the proper and complete performa obligation of my position as registered agent. Or, if t in the registered office address, I hereby confirm that t nge.	nce his the
	A.	Oct. 22,2007	
(Sı	gnature of Registered Agent)	(Date)	_
If signing on be	ehalf of an entity:		
	Typed or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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