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Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							



R.A. change



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C and A Management Solutions Inc. (Name of corporation)
DOCUMENT NUMBER: PO300090173
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:
Charmaine Gatlin (Name of person)
(Name of person)
(Name of firm/company)
(Traine of Mine company)
440 NIV 88th Street
440 NW 88th Street
El Portal, FL 33150 (City/state and zin code)
(Only) but and my boday
For further information concerning this matter, please call:
Charmoine Gotlin at (305) 772-9740 (Name of 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

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

change is submit	•	tion organi	ized under	the laws	of the State of _	08, Florida Statui Flovida a.		ement of _ in order
1. The name of the	he corporation:	C an	d A	Man	agenunt	Solution	is, Inc.	
2. The principal	office address:		NW Portal	88+H	33150			
3. The mailing ac	ddress (if differen		10,14	<u>, , , , , , , , , , , , , , , , , , , </u>				
4. Date of incorp	oration/qualificat	ion: Aug	ust 18, 2	D <u>E002</u>	ocument numb	er: <u>P0300</u>	10000	73
		harmo NW	aine 1	-	Hin	ce on file with the		2
6. The name and (if changed):	street address of	NW Portal	88+ , FL	h <u>54</u> 33	inged) and /or r	egistered office	ECKETERSE E. FLOW	14 MPR 28 PH 1:00
changed will be	identical.					s office of its reg		
Arthur	Gatlin ignature of an officer o	Jr.			- Au	thus Most		
					to act in this of ative to the pro- position as reg ddress, I hereb	capacity, per and complet istered agent. O y confirm that th	e performat r, if this do e corporati	ice of my cument is on has
Charmai	me Hativ					4-26-0	4	
,	Signature of Registered half of an entity:	i Agent}				(Date)		
	(Typed or Printed Nar	ne)				(Capacity)		

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