P04000057883

(
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
i ,

Office Use Only

2 hours



500043488225

12/22/04--01007--007 **35.00

BULKEJAN) UT STATE

04 DEC 22 AM 9: 20

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CCR, WOOD Productions, Corp. (Name of corporation)
DOCUMENT NUMBER: P0400057883
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:
Alfredo A. Jinenez II (Name of contact person)
CCR, Wood Productions, Corp.
4316 Sage Oak Ct. (Address)
Jacksonville, FL 32277 (City/state and zip code)
For further information concerning this matter, please call:
APFREDOH JUNEAUZ II at 904 744-8397 (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

TO:

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 \to\tau_i \text{OY1666}.
1. The name of the corporation: CCRWOOD Productions, Corp.
2. The principal office address: 8316 Sage Oak Ct., Scenschwille FL 33277
3. The mailing address (if different):
4, Date of incorporation/qualification: 3 30 04 Document number: P040005 1883
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lisa A. Goya (Secretary)
3748 Moonings Laire
Jacksonville FL 32257
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alfredo A. Juneaez II (President) Fi E
4316 Sage Oate Ct. (P.O. Box NOT acceptable)
Jaelusanu'lle Fe 32277 = = = =
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.
List A. Goya Secretary (Signature of an office for director) List A. Goya Secretary (Printed or types have 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.
Office a John ency / Lag 111/104 (Signature of Registered Agenti) (Date)
If signing on behalf of an entity:
Lisa A. Goya for Affredo A. Lemenca II.

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