## P04000084166

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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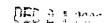


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## **COVER LETTER**

TO: Amendmen Division o	nt Section f Corporations	
SUBJECT:	CW21, INC. (Name of Corp	poration)
DOCUMENT NU	MBER: <u>P04000084166</u>	
The enclosed State	ment of Change of Registered Office/A	agent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter to	the following:
	CHARLES S. WHIT (Name of Conta	ct Person)
-	CHARLES S. WHI (Firm/Com)	TE, P.A.
-	POST OFFICE BOX (Addres	1119 s)
_	PLANT CITY FL. (City/State and 2	
For further informa	ation concerning this matter, please call	:
CHARLES (Na	S.S. WHITE me of Contact Person)	at (813) 752-6155 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	00 check made payable to the Departme	ent 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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CW21, INC.
2. The principal office address: 712 EAST ALSOBROOK ST., UNIT 3, PLANT CITY, FLORIDA 33563
3. The mailing address (if different): POST OFFICE BOX 3748, PLANT CITY, FL 33563
4. Date of incorporation/qualification: 5-27-04 Document number: P04000084166
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST., 4TH FLOOR
MIAMI, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are regist
VICTORIA D. GUNN
712 EAST ALSOBROOK ST., UNIT 3 □ □ ≥ □
PLANT CITY FL 33563
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.
(Signature of an officer or director)  VICTORIA D. GUNN. PRESIDENT (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.
Uistoria D. Sum 11/29/05 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

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