Po4000111733

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





500042467035

11/10/04--01007--019 **35.00



PACH9

COVER LETTER

TO:	Amendment Section Division of Corporations	•	

SUBJECT: CRISTIAN FERRES INC
(Name of corporation)

DOCUMENT NUMBER: POYOGO 111733

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:

FERRAN FERNANDO
(Name of contact person)

CRISTIAN FERRAN INC.
(Firm/Company)

3426 W NEW PROWDENCERD
(Address)

(City/state and zip code)

For further information concerning this matter, please call:

(Name of contact person) at (S2/) 432 4565 (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

X

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of Florida.
1. The name of t	he corporation: CRISTIAN FERRAN INC.
	office address: 3426 W NEW PROUNDENCERD
• •	TANA FL 33462.
3. The mailing a	ddress (if different): SAME AS ABOUT
4. Date of incorp	poration/qualification: 07/25/04 Document number:
5. The name and	street address of the current registered agent and registered office on file with the transfer of State:
	QUISTIAN, FERRAN F
,	3426 W NEW Providence RD
_	Lantang FC 33462.
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office of the fernance of the new registered agent (if changed) and /or registered office of the fernance of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent
	FERNAN FERNANDO.
	(P.O. Box NOT acceptable)
	Lanhana FC 35462.
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Sulling	of an officer or director) (Printed or typed name and title)
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
x Well	manufe of Registered Agent) (Date)
	half of an entity:
(T	ened 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 * * *