

PD5000166751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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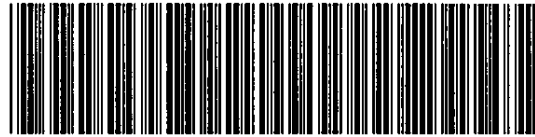
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAB Industries, Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000166751

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:

Sonia Woods
(Name of Contact Person)

CAB Industries
(Firm/Company)

448 Bridgeview Terr
(Address)

Jacksonville, FL 32259
(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Woods at (904) 230-0007
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2007

Sonia Woods
CAB Industries
448 Bridgeview Terr
Jacksonville, FL 32259

SUBJECT: CAB INDUSTRIES, INC.
Ref. Number: P05000166751

We have received your document for CAB INDUSTRIES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted is for changing the registered agent / registered office (address of the registered agent). As neither of these appears to be changing this document is being returned. A mailing address has been noted for the corporation on our date base.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 907A00033094

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAB Industries, Inc
2. The principal office address: 1268 Edgewood Drive Ste 3
Jacksonville, FL 32254
3. The mailing address (if different): 448 Bridgeview Terr
Jacksonville, FL 32259
4. Date of incorporation/qualification: 12/23/05 Document number: P05000166751
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Intrepid Registered Agent Services, LLC

One Independent Dr. Ste 1200

Jacksonville, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sonia Woods
448 Bridgeview Terr
(P.O. Box NOT acceptable)
Jacksonville, FL 32259

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.

Sonia Woods
(Signature of an officer or director)

Sonia Woods
(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.

Sonia Woods
(Signature of Registered Agent)

8/22/07
(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
CR2E045 (8/05)

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