P06000023223

(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:
·
·

Office Use Only



500076425695

06/23/06--01049--013 **35.00

SECRETARY OF STATE

of RA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CDR Consulting and Investments	
(Name of Co	prporation)
DOCUMENT NUMBER: P06000023223	
The enclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	•
George Skye Williams (Name of Con	stoot Person)
(Ivaile of Con	nact i cison)
Florida Capital Solutions, Inc.	
(Firm/Co	mpany)
4500 NW 04W Towns	
4500 NW 64th Terrace (Addr	ress)
	•
Lauderhill, FL 33319	
(City/State an	-
For further information concerning this matter, please c	all:
George Skye Williams	at (954) 746-9058 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departs	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of $_$ er to change its registered office or registered agent, or both, in the State of Fi	Florida	his 	_
1. The name of	the corporation: CDR Consulting and Investments, Inc.			
2. The principal	office address: 2275 SW 80th Terrace - Miramar, FL 33025			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 2/15/2006 Document number: P060000	23223		
	d street address of the current registered agent and registered office on file with rtment of State:	h the		
	Florida Capital Solutions, Inc.			
	4500 NW 64th Terrace			
	Lauderhill, FL 33319	MEL AEL	8	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	MÉTARY AHASSE	JUN 23	
	Calvin D. Roberts	HOH.	3	
•	2275 SW 80th Terrace	STAT	1:1	O
	(P.O. Box NOT acceptable) Miramar, FL 33025	ĎA B	0	
_	ess of its registered office and the street address of the business office of its be identical.			nt,
authorized by the	as authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so)	
(Signal	ure of an officer or director) (Printed or types than of and the	uu, ~	. —	_
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and com Ind I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby I been notified in writing of this change.	plete per agent. (y confirn	forma Or, if t 1 that t	nce this the
Cale	pnature of Registered Agent) Local Date (Date)			
	spature of Registered Agent) (Date) half of an entity:	,		—
(7	yped or Printed Name)			

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