(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300130445213

05/30/08--01019--006 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: CBO Corporation (Name of Corpor	ation)				
DOCUMENT NUMBER: P06000047846					
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.				
Please return all correspondence concerning this matter to th					
·	2				
Joel J. Karp, Esq. (Name of Contact )	<u> </u>				
(Name of Contact )	Person)				
lool I Korn D A					
Joel J. Karp, P.A.  (Firm/Company)					
1001 Brickell Key Drive, Suite 3112 (Address)					
(Address)					
Miami, FL 33131					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Joel J. Karp, Esq.	305 \ 445-3545				
(Name of Contact Person)	305 ) 445-3545 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department	of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

4

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, hange is submitted for a corporation organized under the laws of the s der to change its registered office or registered agent, or both, in the S	State of		is	
	f the corporation: CBO Corporation	J			
2. The principa Miami, Fl	al office address: 5783 SW 40th Street, #208				
3. The mailing	address (if different):				
4. Date of incor	rporation/qualification: 04/03/2006 Document number:	P0600004	47846		
5. The name an Florida Depa	d street address of the current registered agent and registered office our trument of State:	n file with t	the		
	Key Registered Agents, Inc.	· · · · · · · · · · · · · · · · · · ·			
520 Brickell Key Drive, Suite O-303			_4	~	
	Miami, FL 33131		SEC	8	on the
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or regist	tered office	RETARY AHASSE	2008 HAY 30	and the same of th
	Key Registered Agents, Inc.		E OF	A	
	1001 Brickell Bay Drive, Suite 3112		ORIG	ئ ئ	
	(P.O. Box NOT acceptable) Miami, FL 33131		Ā	10	
The street addre	ess of its registered office and the street address of the business off be identical.	ice of its re	gistered	l agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors one board, or the corporation has been notified in writing of the char	or by an off nge.	icer so		
7 Congnatu	ROGELIO (Printed or typed r	CORV	D	<del></del>	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capac to comply with the provisions of all statutes relative to the proper a d I am familiar with and accept the obligation of my position as re ng filed merely to reflect a change in the registered office address, been notified in writing of this change.	city. Ind comple gistered ag I hereby c	ite perfo zent. Oi onfirm t	rmance r, if this hat the	
Jack	J. Karp 5/27/	08			
If signing on bel	patture of Registered Agent) (Date) half of an entity:				
Joel J. Karp					
(T)	yped or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (8/05)

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