P06000123421

Cevic, Inc. Foam Molding 320 Northstar Ct. Sanford, FL 32771 (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



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06/18/07--01022--029 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	•
Division of Corporations	
SUBJECT: <u>Cevic Inc</u>	
DOCUMENT NUMBER: POLOGO 1	>3471
The enclosed Registered Agent and fee are submitted	
Please return all correspondence concerning this matter to	the following:
(Name of Contact Register	1e2
(Name of Contact Rerson	n)
(Firm/Company)	
RJR Accounting Sen	vices
622 N. State Road 7 Hollywood, FL 330	(441) 21
(City/State and Zip Cod	le)
For further information concerning this matter, please call	l:
(Name of Contact Person) at (91)	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$\Bigcup \\$35 Filing Fee \& \Bigcup \\$43.75 \text{ Filing Fee \& \Bigcup \\$43.	opy Certificate of Status &
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

statement of char	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, hange is submitted for a corporation organized under the laws of the State of <u>foot</u> ler to change its registered office or registered agent, or both, in the State of Florida.		<u>_</u>
1. The name of the	f the corporation: <u>Cevic</u> , INC.		
2. The principal of	al office address: 320 North Star CT		
	Sanford, F1. 32771		
3. The mailing ac	address (if different):		
4. Date of incorp	prporation/qualification: 9/26/06 Document number: Pokooc) 12:	- 3 <i></i> ソン
	nd street address of the current registered agent and registered office on file with the artment of State:		
	Victor A. Abensur		
	320 NorthStar Ct		
	Sandord, Fl 32771	, . i	,
6. The name and (if changed):	m m	2007	-'n
	dose A. Grisales	N 18	
	320 North Star Ct (P.O. Box NOT acceptable) Sanford, F1 3>771	PN	111
	(P.O. Box NOT acceptable)	·~:	0
77544 - 3 3		15	
-	ress of its registered office and the street address of the business office of its registell be identical.		ıt,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer the board, of the corporation has been notified in writing of the change.	so	
(Signatur	Cesar C. Dorayr (Printed or typed name and title)	e_	_
Though, as and	the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete pind I am familiar with and accept the obligation of my position as registered agent ging filed merely to reflect a change in the registered office address, I hereby confins been notified in writing of this change.	erforman . Or, if the rm that t	ice his he
July	Beering to Registered Agent) (Date)		_
	Signature of Registered Agent) (Date) we half of an entity:		
Jose	e A. Grisales (Typed 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 * * *