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COVER LETTER

Division of Corporations			
SUBJECT: CÉC Body Work Corporation) (Name of Corporation)	Y04		
DOCUMENT NUMBER: POG000139655			
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:			
Rafael A. Castillo Name of Contact Person			
(Name of Contact Person)			
CÉC Body Work Carp (Firm/Company)			
(Firm/Company)			
1455 W. Landatest Rd # 516 (Address)			
Orlando, Fl. 3282 (City/State and Zip Code	4		
• • •			
For further information concerning this matter, please call:			
Rafael A. Castillo at (4) (Name of Contact Person) (Are	a Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
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 Fallahassee, FL 32301		
	1 ananassee, fl 34301		

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: C&C Body Work Corp.
2. The principal office address: 1455 W. Landotreet Rd. Str. 50
3. The mailing address (if different): S/A/A
4. Date of incorporation/qualification: 11/6/6 Document number: POG000139655
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Raul Colon
1455 W. landstreet Rd Birthe 516
Orlando, fl 32824
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rafael A. Castillo
1455 W. Candstreit Rd Ste. 514 (P.O. Box NOT acceptable)
Orlando, Fl. 32824
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.
Signature of an officer or director) FAFAO (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.
(Signature of Registered A next) (Date)
(Signification registered register)
If signing on behalf of an entity:
(Typed 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 * * *