

PD60000140187

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MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 30 PM 1:15

RO/chg
@ 5/30/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CSROCK, INC.
(Name of Corporation)

DOCUMENT NUMBER: D06000140187

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:

SUSAN DELGADO
(Name of Contact Person)

CSROCK, INC.
(Firm/Company)

25483 LUCI DRIVE
(Address)

BONITA SPRING, FL 34135
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN DELGADO
(Name of Contact Person)

at (239) 390.9195
(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 16, 2008

SUSAN DELGADO
CSROCK, INC.
25483 LUCI DRIVE
BONITA SPRINGS, FL 34135

SUBJECT: CSROCK, INC.
Ref. Number: P06000140187

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

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 908A00031371

RECEIVED
18 MAY 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: CSROCK, INC.
2. The principal office address: 25483 LUCI DRIVE
BONITA SPRINGS FL 34135
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/7/06 Document number: PO6000140187

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SUSAN Delgado
27148 LOST LAKE LN
BONITA SPRINGS FL
34134

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

SUSAN Delgado
25483 LUCI DRIVE
(P.O. Box NOT acceptable)
BONITA SPRINGS, FL 34135

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 MAY 30 PM 1:19

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]
(Signature of an officer or director)

Susan Delgado, Pres
(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]
(Signature of Registered Agent)

5/26/08
(Date)

If signing on behalf of an entity:

SUSAN DELGADO
(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
CR21E045 (8/05)