P07000034616

(Requestor's Name)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE FI STATE

R.A. Charge

Condition UN 2 7 200

COVER LETTER

TO: A	mendment Section Division of Corporations	
SUBJEC	T: CVC INTL, INC. (Name of Corp.)	poration)
DOCUM	ENT NUMBER: P07000034616	
The enclo	osed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please ret	turn all correspondence concerning this matter to	the following:
	BILL BURBANK (Name of Conta	ct Person)
	CVC INTL, INC. (Firm/Com	pany)
	327 PLAZA REAL, SUITE 319 (Addres	
	BOCA RATON, FL 33432 (City/State and	Zip Code)
For further	er information concerning this matter, please call	:
BILL BU	JRBANK (Name of Contact Person)	at (561) 394-2482 (Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Departme	ent 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute inge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of Florida	-/	-
1. The name of t	the corporation: CVC INTL, INC.		
2. The principal	office address: 327 PLAZA REAL, SUITE 319 TON, FL 33432		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3-19-27 Document number: FD7000	034616	
	d street address of the current registered agent and registered office on file with the tment of State:		
	BILL BURBANK	SEC	07
	2605 WINDHAM COURT	ORE L AHA	MUL
	DELRAY BEACH, FL 33445	ARY I	25
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETARY OF STATE LAHASSEE. FLORIDA	AH 8: 31
	BILL BURBANK	<u> </u>	
	327 PLAZA REAL, SUITE 319 (P.O. Box NOT acceptable)		
	BOCA RATON, FL 33432		
The street address changed will	ess of its registered office and the street address of the business office of its regilate be identical.	istered agen	ıt,
	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		
	BILL BURBANK, PRESIDENT (Printed or typed name and title)	Γ	<u>-</u>
I hereby accept I further agree of my duties, ar document is be	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 complete and I am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address. I hereby consider the writing of this change.	e performan ent. Or, if th nfirm that th	ice his he
	gnature of Registered Agent) (Date)		-
If signing on be	ehalf of an entity:		
(Typed or Printed Name)		

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