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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	· #)	
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(Bu	siness Entity Nam	ne)	
(Document Number)			
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R.A.

APR 1 7 2012 **T. BROWN**

COVER LETTER

Division of	Corporations		•
SUBJECT:	C.L. MARITIME (
	Name of	Corporation	
DOCUMENT NUI	MBER: PO	7000038723	
The enclosed States	nent of Change of Registered Of	fice/Agent and fee are subm	nitted for filing.
Please return all cor	respondence concerning this mat	ter to the following:	
<u>.</u>	ROGELIO	DE CARDENAS Contact Person	···
	Name of (Contact Person	
	C.L.MARITIME	(FLORIDA), INC	
	Firm/	Company	
	13325 SV	/ 110TH TER	
•		idress	
-	MIAMUFL(City/State	ORIDA 33186 and Zip Code	
	ROGELIODEC	@YAHOO.COM	
-	E-mail address: (to be used for	future annual report nov	fication)
For further informat	ion concerning this matter, please	e call:	
ROGE	LIO DE CARDENAS	at (305)	746 8078
	e of Contact Person	Area Code & Dayt	746 8078 ime Telephone Number
Enclosed is a \$35,00	check made payable to the Depa	irtment of State.	
	Mailing Address: Amendment Section	Street Address Amendment S	ection
	Division of Corporations	Division of Co	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildi 2661 Executiv Tallahassec, F	ve Center Circle
		i ananassec, r	102201

CR2E045 (\$.05)

$\cdot\,\cdot$ 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 Statu ange is submitted for a corporation organized under the laws of the State of FLC er to change its registered office or registered agent, or both, in the State of Floric	DRIDA	
	the corporation: C.L.MARITIME(FLORIDA), INC office address: 13325 SW 110TH TER, MIAMI, FL 33186		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/27/2007 Document number: P070	000038723	
	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)	c	
	ROGELIO DE CARDENAS		
	10637 NORTH KENDALL DR STE 7 E MIAMI FL 33176	1747. 1850.	77
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office	2012 APR 16 AM 9: 03 SECTRETARY OF STATE TALLAHASSEE, FLORIDS	FE
	13325 SW 110TH TER,MIAMI,FL 33186	FSTATE STATE	0
	P.O. Box NOT acceptable		
as changed will			
	as authorized by resolution duly adopted by its board of directors or by an office board, or the comprands has been notified in writing of the change.		
	the appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby considered in writing of this change.		
4	4/2/2012		
Sign	nature of Registered Agent Date		
If signing on be	half of an entity:		
Ty	sped 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 CR2E045 (8:05)