

P080000069339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

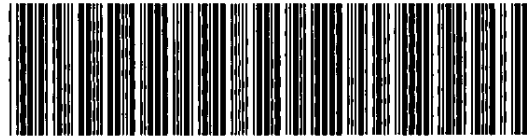
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG - 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHINA DEVELOPMENT SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P08000069339

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:

Arthur N. Holcombe
Name of Contact Person
The Poverty Alleviation Fund
Firm/Company
663 Green Street
Address
Cambridge, MA 02139
City/State and Zip Code
arthurholcombe@tpaf.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur N. Holcombe at (617) 491-8689
Name of Contact Person 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

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

1. The name of the corporation: CHINA DEVELOPMENT SERVICES, INC.
2. The principal office address: 401 W COLONIAL DRIVE SUITE 7
ORLANDO FL 32804
3. The mailing address (if different): 663 GREEN STREET
CAMBRIDGE MA 02139
4. Date of incorporation/qualification: 07/22/2008 Document number: P08000069339
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JANICE NULL OBO INCORP SERVICES, INC

17888 67Th Court North

Loxahatchee, FL 3340

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

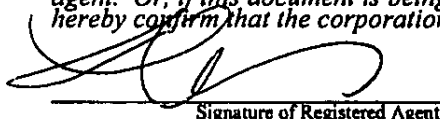
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Arthur N. Holcombe, President
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 Agent

August 7, 2012

Date

If signing on behalf of an entity:

Liset Robles on behalf of Incorp Services, Inc.

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

CR2E045 (03/12)

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