P08000087875

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CAB & F CORP

Name of Corporation

DOCUMENT NUMBER: P08000087875

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:

Jeanne Fuentes Lopez

Name of Contact Person

Fowler White Burnett, P.A.

Firm/Company

1395 Brickell Avenue, Suite # 1400

Miami, Florida 33131

City/State and Zip Code

jfuentes-lopez@fowler-white.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanne Fuentes Lopez

Name of Contact Person

at (305) 789-9269

Area Code & Daytime Telephone Number

M JUN 13 M R. L.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: CAB & F CORP
2. The principal	office address: 1395 Brickell Avenue, 14th Floor (JFL), Miami, FL 33131
3. The mailing a	address (if different): 1395 Brickell Avenue, 14th Floor (JFL), Miami, FL 33131
4. Date of incor	poration/qualification: 09/24/2008 Document number: P08000087875
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Corporate Management Inc
	16321 SW 78th Terrace
	Miami, Florida 33193
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	1395 Brickell Avenue, Suite # 1400 (JFL)
	1395 Brickell Avenue, Suite # 1400 (JFL) PO Box NOT acceptable Miami, Florida 33131
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	es authorized by resolution duly adopted by its board of directors or by an officer so person the corporation has been notified in writing of the change.
Signaty	Jeanne Fuentes Lopez, VP Printed or typed name and title
l further agree i performance of agent. Or, if thi	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 my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	naybre of Registered Agent Date
If signing on be	half of an entity:
Jeanne Fue	entes Lopez
Ty	ped or Printed Name

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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