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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
ANALYSEE, FLORID

C.COULLIETTE

JUL \$12 7009

EXAMINER

COVER LETTER

Division of Corporation	IS			
SUBJECT:	COLJEANS Name of C	CORP.		
DOCUMENT NUMBER:	,	00002292	21	
The enclosed Statement of Char	nge of Registered Offic	e/Agent and	fee are submi	tted for filing.
Please return all correspondence	concerning this matter	r to the follow	ving:	
.	HAROL Name of Co	D RUIZ		
	COLJEAN Firm/Co	NS CORP		
	8310 NW Add	56TH ST ress		
	DORAL, City/State ar	FL 33166 nd Zip Code		
E-mail add	info@colje ress: (to be used for f		l report notif	fication)
For further information concern	ing this matter, please o	call:		
HAROLD Name of Contac		at (<u>30</u>	5 Code & Dayti	5978237 me Telephone Number
Enclosed is a \$35.00 check mad	e payable to the Depart			
Amend Division P.O. B	g Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Ai Di Ci 26	reet Address; mendment So ivision of Co lifton Buildin 661 Executiv Illahassee, F	ection orporations ng e Center Circle

TO:

Amendment Section

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

1. The name of	the corporation: COLJ	EANS CORP			
2. The principal	office address: 8310 N	IW 56TH ST., D	ORAL, FL 33166		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	03/11/2009	Document number:	P09000	022921
	d street address of the cur rtment of State: (If resign		t and registered office on t	file with the	
Tiorida Depa	Harold-Ru				
	8306 NW 56TH ST				
	DORAL, FL 33166				00.
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or register	red offices	J games
(chaiged).	8310 NW 56TH ST	P.O Box NOT acc	ceptable	TOF STATE E. FLORIDA	MID: 50
	8310 NW 56TH ST DORAL, FL 33166	P.O Box NOT acc		TATE ORIDA	50

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

Typed or Printed Name