

PD9000053259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

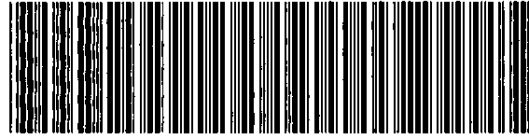
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
10 SEP 15 PM 12:25

R.A./RO/chg
@ 9/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Celli Storage Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000053259

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:

Michael Celli

Name of Contact Person

Celli Storage Solutions, Inc.

Firm/Company

1842 2nd Ave North

Address

Lake Worth, FL 33461-4202

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Celli

Name of Contact Person

at (561-586-6501)

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: Celli Storage Solutions, Inc.
2. The principal office address: 1842 2nd Ave North
Lake Worth, FL 33461-4202
3. The mailing address (if different): /
4. Date of incorporation/qualification: 6/18/09 Document number: P09000053259
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)

Resigning Corporate Creative Network, Inc.

11380 Prosperity Farms Rd # 221 E

Palm Beach Gardens, FL 33410 U S

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

NEW- Michael Celli

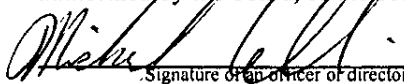
1842 2nd Ave North

P.O. Box NOT acceptable

Lake Worth, FL 33461-4202

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

Michael Celli, 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

9/8/10

Date

If signing on behalf of an entity:

Michael Celli

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 (8/05)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 15 PM 12:25