

P09000056951

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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CA  
Change

07/14/09--01036--011 \*\*35.00

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2009 JUL 28 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AJR



**BeneTrends, Inc.**

**A Memo From**

**Jen Kondrosky**

Tel. 866-423-6387 x108,

Fax 866-826-6701

Florida Department of State:

Please find the completed form to file: "Application for Fictitious Name " for:

CDH Endeavors, Inc.  
(DBA – Hut no. 8)

Please return the filed document to:

BeneTrends, Inc.  
Attn: Jen Kondrosky  
1180 Welsh Road Suite 280  
North Wales, PA 19454

If you require additional information, please call me toll free @ 866-423-6387 x108.

Thank you & have a Great Day,

**Jen Kondrosky**

[jkondrosky@benetrends.com](mailto:jkondrosky@benetrends.com)

**July 13, 2009**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2009

Jennifer Kondrosky  
Benetrends Inc.  
1180 Welsh Road, Suite 280  
North Wales, PA 19454

SUBJECT: CDH ENDEAVORS, INC.  
Ref. Number: P09000056951

We have received your document for CDH ENDEAVORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 609A00024801

RECEIVED  
2009 JUL 28 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CDH Endeavors, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000056951

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:

Jennifer Kondrosky  
Name of Contact Person

Benetrends Inc.  
Firm/Company

1180 Welsh Road Suite 280  
Address

North Wales, PA 19454  
City/State and Zip Code

jkondrosky@benetrends.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Kondrosky at ( 866 ) 423-6387  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CDH Endeavors, Inc.
2. The principal office address: 651 Shadowmoss Circle  
Lake Mary, FL 32746
3. The mailing address (if different): 651 Shadowmoss Circle  
Lake Mary, FL 32746
4. Date of incorporation/qualification: July 1, 2009 Document number: P09000056951
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)

Cheryl D. Henry

4932 West SR 46 Suite 1030

Seminole, FL 32771

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

Cheryl D. Henry

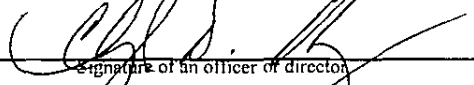
651 Shadowmoss Circle

P.O. Box NOT acceptable

Lake Mary, FL 32746

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

Cheryl D. Henry, 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

July 9, 2009  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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**  
2009 JUL 28 PM 3:21  
SECRETARY OF STATE  
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