P0900092593

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)					
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Special Instructions to Filing Officer:					





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COVER LETTER

TO: Amendment Section Division of Corpor	on ations					
SUBJECT:	CMC GLOBAL MAR	KENTING, INC orporation				
- DOCUMENT NUMBER:	P090	000092593				
The enclosed Statement of	Change of Registered Office	e/Agent and fee are submi	tted for filing.			
Please return all correspond	dence concerning this matter	to the following:				
	RITA P	EREZ				
	Name of Cor	ntact Person				
	CMC GLOBAL MA	ARKENTING INC				
	Firm/Co					
	,					
6010 NW 99 AVE, UNIT 114						
	Add	ress				
	DODAL S	-1 00470				
DORAL,FL 33178 City/State and Zip Code						
		,				
ISUPPLIES@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)						
E-man	address. (to be used for fi	uture annuar report noti:	neation)			
For further information cor	ncerning this matter, please o	call:				
RITA	PEREZ	at (305)	4829556			
Name of Co	ontact Person	Area Code & Dayti	4829556 ime Telephone Number			
Enclosed is a \$35.00 check	made payable to the Depart	ment of State.				
<u>M</u> A	ailing Address: mendment Section	Street Address Amendment S				
D	ivision of Corporations	Division of Co	orporations			
	O. Box 6327	Clifton Buildi	•			
18	ıllahassee, FL 32314	Tallahassee, F	ve Center Circle L 32301			

TO:

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

statement of cha	nnge is submitted for a c	orporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	te of FLORIDA
			RKENTING, INC UNIT 114 DORAL,FL	_ 33178
3. The mailing a	address (if different): 10	0200 NW 25 ST.	UNIT 114 DORAL, FI	∟ 33172
4. Date of incor	poration/qualification: _	NOV 10 2009	_ Document number:	P09000092593
	d street address of the cr rtment of State: (If resig		t and registered office on f	ile with the
	GBS CONSULTA	NTS. INC		
	18501 PINES BO		E 20 1	
	PEMBROKE PIN	ES, FL 33029) FEB
6. The name and (if changed):	d street address of the no	ew registered agent (i.	f changed) and /or registen	
	RITA PEREZ			—— ©#4 ::2
	PRESIDENT			₽ ₩ 66
		P.O. Box NOT acc	ceptable	
	6010 NW 99 AVE	UNIT 114 DORA	L, FL 33172	
The street addr as changed wil	ess of its registered off	ice and the street add	lress of the business offic	e of its registered agent,
			tits board of directors or ed in writing of the chang	
Signati	ure of apporticer or director		RITA PI	
I hereby accept I further agree of my duties, as document is be corporation ha	The appointment as re to comply with the pro ad I am familiar with a ing filed merely to refl is been notified in writi	gistered agent and a wisions of all statute. nd accept the obliga ect a change in the r ng of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, l	ty. ud complete performance istered agent. Or, if this I hereby confirm that the
,		•	2/3/20)10
Si	gnature of Registered Agent	-	Date	
If signing on bo	ehalf of an entity:			
	tha terez.			

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