## Paroa6346,

| (Req                        | uestor's Name)  |             |  |  |  |
|-----------------------------|-----------------|-------------|--|--|--|
| (Addı                       | ress)           | <u> </u>    |  |  |  |
| (Addi                       | ess)            |             |  |  |  |
| (City/                      | State/Zip/Phon  | e #)        |  |  |  |
| PICK-UP                     | ☐ WAIT          | MAIL        |  |  |  |
| (Busi                       | ness Entity Nai | me)         |  |  |  |
| (Document Number)           |                 |             |  |  |  |
| Certified Copies            | Certificates    | s of Status |  |  |  |
| Special Instructions to Fil | ling Officer:   |             |  |  |  |
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TALLAHASSEE, FLORIBA

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## **COVER LETTER**

| TO: Amendment Section Division of Corpor |   |                                   |                                 |
|--|---|-----------------------------------|---------------------------------|
| SUBJECT:                                 | CSJ PUBLICATION                                   | ONS INC                           |                                 |
|  | Name of Cor                                       | poration                          | <del></del>                     |
| DOCUMENT NUMBER:                         | P1000   | 00026346                          |                                 |
| The enclosed Statement of                | Change of Registered Office/A                     | Agent and fee are submi           | tted for filing.                |
| Please return all correspond             | lence concerning this matter to                   | the following:                    |                                 |
|  |   |                                   |                                 |
|  | STEVEN FR   | EGOSO                             |                                 |
|  | Name of Conta                                     | ct Person                         | <del></del>                     |
|  |   |                                   |                                 |
|  | CSJ PUBLICAT                                      |                                   | ···                             |
|  | Firm/Com  | pany                              |                                 |
|  |   |                                   |                                 |
|  | 14545 J MILITAF<br>Addres                         |                                   | <del></del>                     |
|  | Addies  | .s                                |                                 |
|  | DELDAY DEAC                                       | J El 22404                        |                                 |
|  | DELRAY BEACH<br>City/State and                    | Zip Code                          | <del></del>                     |
|  |   |                                   |                                 |
| E mail                                   | CSJPUBLICATIONS@<br>address: (to be used for futu | YAHOO.COM                         | ection)                         |
| E-man                                    | address: (to be used for full                     | ire annual report notif           | (Cation)                        |
| For further information con              | cerning this matter, please call                  | :                                 |                                 |
| STEVEN                                   | FREGOSO   | at ( 561 )                        | 542-4722                        |
| Name of Co                               | ntact Person                                      | Area Code & Dayti                 | 542-4722<br>me Telephone Number |
| Enclosed is a \$35.00 check              | made payable to the Departme                      | ent of State.                     |                                 |
| <u>Ma</u>                                | niling Address:<br>nendment Section               | Street Address:                   |                                 |
|  |   | Amendment Se                      |                                 |
|  | vision of Corporations  D. Box 6327               | Division of Co<br>Clifton Buildir |                                 |
|  | llahassee, FL 32314                               |                                   | e Center Circle                 |

Tallahassee, FL 32301

`TO:

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

| statement of cha  | nnge is submitted for a co  | poration organized  | 07.1508, or 617.1508, Florid<br>I under the laws of the State<br>I agent, or both, in the State (                              | of FLORIDA  |
|---|---|---|--|---|
| 1. The name of  | the corporation: CSJ P  | UBLICATION  | IS INC   |   |
| 2. The principal  | office address: 14545   | MILITARY TR.  | #108, DELRAY BEAC  | H, FL 33484   |
| 3. The mailing a  | address (if different): 145   | 45 J MILITARY   | TR. #108, DELRAY B   | EACH, FL 33484  |
| 4. Date of incor  | poration/qualification:   | 03/26/2010  | _ Document number:   | P10000026346  |
|   | d street address of the curretment of State: (If resigne  |   | and registered office on file  | with the  |
|   | STEVEN FREGOS   | 0   |  | <del></del>   |
| 4801 LINTON BLVD. SUITE 11A-644   |   |   |  |   |
|   | DELRAY BEACH, I   | FL 33445  |  | 74 74 74 74 74 74 74 74 74 74 74 74 74 7                                  |
| 6. The name and (if changed):   | street address of the new   | registered agent (if  | `changed) and /or registered   | Office SSE  |
|   | STEVEN FREGOS   | 0   |  |   |
|   | 14545 J MILITARY  |   |  | - 15 € 5<br>- 15 € 5  |
|   | DELRAY BEACH, F   | P.O. Box NOT acce   | eptable  | €u  |
| The street addre  |   |   | ress of the business office of   | of its registered agent,  |
| Such change wa<br>authorized by th  | as authorized by resolutione board, or the corporati  | on duly adopted by<br>on has been notifie   | its board of directors or by d in writing of the change.   | an officer so   |
| Signatur  | e of an officer or director   | <del></del>   | STEVEN FREGOSO<br>Printed or typed name as   |   |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is bei<br>corporation has | the appointment as regis<br>to comply with the provis<br>d I am familiar with and<br>ng filed merely to reflect<br>i been notified in writing | tered agent and ag<br>ions of all statutes<br>accept the obligati<br>a change in the ret<br>of this change. | gree to act in this capacity.<br>relative to the proper and d<br>ion of my position as regist<br>gistered office address, I he | complete performance<br>ered agent. Or, if this<br>creby confirm that the |
| São   | 4 years   |   | 07/11/201  | l1  |
| - Signing on he   | half of an entity:  |   | Date   |   |
| SHEVEN  | 1 F2=G050   |   |  |   |
| T   | yped or Printed Name  |   |  |   |

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