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COVER LETTER

TO: A	mendment Section ivision of Corporations						
SUBJECT: CM7 INVESTMENT, INC. Name of Corporation							
		Name of Corpora	tion				
DOCUM	ENT NUMBER:	P100000	42883				
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:							
PETER SAVINEAU Name of Contact Person							
Name of Contact Person							
MCR PARTNERS, INC. Firm/Company							
		r imi/Company	,				
20533 BISCAYNE BLVD (1301) Address							
MIAMI EL 33180							
MIAMI, FL 33180 City/State and Zip Code							
MCDDADTNICDC@VALIOO COM							
MCRPARTNERS@YAHOO.COM E-mail address: (to be used for future annual report notification)							
For further	r information concerning th	nis matter, please call:	•				
	PETER SAVINE	AU at (305) 725-7405				
	Name of Contact Pers	on	305) 725-7405 Area Code & Daytime Telephone Number				
Enclosed i	s a \$35.00 check made pay	able to the Department of	of State.				
	Mailing Add	ress:	Street Address:				
	Amendmen	Section	Amendment Section				
	P.O. Box 63	Corporations 327	Division of Corporations Clifton Building				
			D				

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

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

statement of cha	nge is submitted for a co	rporation organizea	07.1508, or 617.1508, Flo I under the laws of the Sta Tagent, or both, in the Stat	te of FLORIDA
1. The name of t	he corporation: <u>CM7</u>	INVESTMENT	T, INC.	
2. The principal	office address: 1521 A	LTON ROAD (6	42)	
MIAMI BE	ACH, FL 33139			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	05/18/2010	_ Document number:	P10000042883
	street address of the cur tment of State: (If resign		and registered office on f	ile with the
	CORPORATION S	SERVICE COMP	PANY	<u></u>
	1201 HAYS STRE	ET		
	TALLAHASSEE F			
6. The name and (if changed):	street address of the new	v registered agent (if	changed) and /or register	ed office
	MCR PARTNERS	, INC.		
	20533 BISCAYNE	BLVD (1301) P.O. Box NOT acco	eptable	26
	MIAMI, FL 33180			
The street addre	ss of its registered office be identical.	e and the street add	ress of the business office	e of its registered agent,
Such change wa authorized by th	s authorized by resolution board, or the corporat	on duly adopted by ion has been notifie	its board of directors or d in writing of the chang	by an officer so e.
A-13 Signature	AMD Re of an officer or director		ALEXANDRA BALMO	
I hereby accept I further agree to of my duties, and document is beir corporation has	the appointment as regi o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and ag sions of all statutes l accept the obligati t a change in the re of this change.	ree to act in this capacit relative to the proper an ion of my position as regi gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Sign	ANDERV ature of Registered Agent		03/01/2	01
If signing on bel	nalf of an entity:			
_PSAVINEAL	J - MCR PARTNER:	S, INC.		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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