

P10000059489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

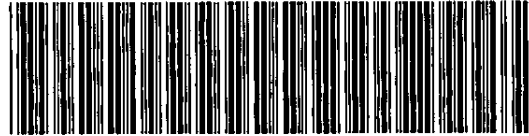
(Business Entity Name)

(Document Number)

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2015 OCT -5 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FL 32310

10/2/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CTI GENERAL CONTRACTORS, INC**
Name of Corporation

DOCUMENT NUMBER: **P10000059489**

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:

ROBERT THOMAS

Name of Contact Person

CTI GENERAL CONTRACTORS, INC

Firm/Company

309 23RD STREET, SUITE 360

Address

MIAMI BEACH, FL, 33139

City/State and Zip Code

RTHOMAS@CTIGENCON.NET

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

For further information concerning this matter, please call:

ROBERT THOMAS

Name of Contact Person

at (**305**) **9925933**

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: CTI GENERAL CONTRACTORS INC.
2. The principal office address: 309 23RD STREET, SUITE 360
MIAMI BEACH, FL, 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/21/2010 Document number: P10000059489
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)

STRATTON DOUGLAS D ESQ, 407 LINCOLN ROAD, STE 2A
MIAMI BEACH, FL, 33139

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

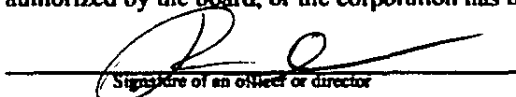
ChaseLawyers

21 SE 1ST AVE, #700, MIAMI, FL, 33131

P.O. Box NOT acceptable

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

ROBERT THOMAS, 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

09/29/2015

Date

If signing on behalf of an entity:

BARRY OLIVER CHASE

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 (03/12)