P100000001245

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporatio	ns	4			
SUBJECT:	CCM GLOBAL				
	Name of Corp	oration			
DOCUMENT NUMBER:	P1000	0067245			
The enclosed Statement of Cha	inge of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspondence	e concerning this matter to	the following:			
CHRISTINE MUCHA Name of Contact Person					
	Name of Contac	et Person			
CCM GLOBAL INC.					
	Firm/Comp	pany			
	425 OSPREY LAK				
	Address	3			
	CHULUOTA, F City/State and 2	L 32766			
	City/State and 2	Zip Code			
	amazingbrowniec	o@att.net			
E-mail add	lress: (to be used for futu	re annual report notification)			
For further information concern	ning this matter, please call:				
Christine C.	Mucha ,	at (407) 327-7065			
Name of Contac	et Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check mad	de payable to the Departme	nt of State.			
Mailin	g Address:	Street Address:			
	dment Section on of Corporations	Amendment Section Division of Corporations			
	Box 6327	Clifton Building			
Tallah	assee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

TO:

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

statement of cha	ange is submitted for a co	rporation organized	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of FLORIDA		
	the corporation: CCM					
2. The principal	office address: 1255 B	ELLE AVENUE	SUITE 172, WINTER	R SPRINGS, FL 32708		
3. The mailing a	address (if different): 42	5 OSPREY LAK	ES CIRCLE, CHULU	OTA, FL. 32766		
4. Date of incorp	poration/qualification:	08/16/2010	Document number:	P10000067245		
	d street address of the cur tment of State: (If resign		t and registered office on f	ile with the		
	RICHARD A. BARI	BER, CPA, P.A.				
	803 SHALLOW BROOK AVE					
	WINTER SPRINGS, FL. 32708					
6. The name and (if changed):	Street address of the nev		f changed) and /or register	ed office 12 MAR 12 PH 1: 27		
	425 OSPREY LAKES CIRCLE					
	P.O. Box NOT acceptable CHULUOTA, FL. 32766					
The street addre		# AL	dress of the business offic	e of its registered agent,		
Such change wa authorized by th	as authorized by resolutine board, or the corporate	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so		
Chistin	e C Nucleor or director	he -	CHRISTINE C. MUC	CHA, PRESIDENT		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the provi ad I am familiar with and ing filed merely to reflect is been notified in writing	istered agent and a sions of all statute: d accept the obliga t a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y, id complete performance istered agent. Or, if this hereby confirm that the		
Signature of Registered Agent Date				012		
_	half of an entity:					
CHF	RISTINE C. MUCHA yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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