P1000067671

| (Re | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Address) | | | |
| (Address) | | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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02/03/14--01040--012 **35.00

RA Change

2014 FEB -3 PM 1:22 SECREDARY OF STATE TALLAHASSEE. FLORIDA

DR



Schenk & Associates, PLC Counselors at Law

January 30, 2014

Via regular mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Cezca, Inc. - Change of Registered Agent

Dear Madam or Sir,

Enclosed please find:

- Check in the amount of \$35.00 payable to Department of State
- Completed and signed Statement of Change of Registered Agent

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Annializ Lima Hevia Legal Assistant

Attachments - As referenced

COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT: Cezca, Inc.

Name of Corporation

DOCUMENT NUMBER

P10000067671

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:

Maximilian Schenk, Esq.

Name of Contact Person

Schenk & Associates, PLC

Firm/Company

999 Brickell Ave., Ste. 820

Address

Miami, Florida 33131

City/State and Zip Code

mjs@schenk-law.com

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

For further information concerning this matter, please call:

Maximilian Schenk

,305 \4442200

Name of Contact Person

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

| statement of change is s | submitted for a corporation organiz | , 607.1508, or 617.1508, Florida Statutes, this sed under the laws of the State of <mark>Florida</mark> red agent, or both, in the State of Florida. | |
|---|--|--|--|
| 1. The name of the corp | oration: Cezca, Inc. | Ste. 820, Miami, Florida 33131 | |
| 3. The mailing address | (if different): same as above | | |
| 4. Date of incorporation | n/qualification: 8/17/2010 | | |
| 5. The name and street | | ent and registered office on file with the | |
| Sidn | Sidney Menezes, Esq. | | |
| 1925 | 1925 Brickell Avenue, Suite D205 | | |
| Mian | 1925 Brickell Avenue, Suite D205 Miami, Florida 33129 THE STATE OF T | | |
| (if changed): | | | |
| Schenk & Associates, PLC | | | |
| 999 Brickell Avenue, Suite 820 | | | |
| Mian | P.O. Box NOT a | cceptable - | |
| The street address of it as changed will be iden | s registered office and the street a | odress of the business office of its registered agent, | |
| Such change was authorized by the board | orized by resolution duly adopted by or the corporation has been noti | by its board of directors or by an officer so fied in writing of the change. | |
| Signature of an o | llicar or divector | Cezario M Ribeiro Caram, Director Printed or typed name and title | |
| I further agree to comp performance of my dut agent. Or, if this docu | ies, and I am familiar with and ac | agree to act in this capacity. tes relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address. I | |
| | | November 18, 2013 | |
| Signature of | Registered Agent | Date | |
| If signing on behalf of | an entity: | ` | |
| Maximilian Sche | nk, Esq. | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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