Page 1 of 2

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000177389 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

**Enter the email address for this business entity to be used 🗱 annual report mailings. Enter only one email address ple

Email Address:

REGISTERED AGENT CHANGE CV GLOBAL, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

JUN 1 4 2019

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H180001773893

COVER LETTER

Division of Corporations	·
SUBJECT:	CV Global, Inc.
	Name of Corporation
DOCUMENT NUMBER:	P10000086972
The enclosed Statement of Chang	e of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Lorie Cuni
*	Name of Contact Person
	InCorp Services, Inc.
	Firm/Company
3	773 Howard Hughes Pkwy. Suite 500S
	Address
	Las Vegas, NV 89169-6014
•	City/State and Zip Code
Famail addre	documents@incorp.com ass: (to be used for future annual report notification)
D-Man agure	
For further information concerning	ng this matter, please call:
Lorie Cuni on behalf of InCorp Name of Contact	Person at (702) 866-2500 Area Code & Daytime Telephone Number

Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR36045 (03/12)

H180001773893

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

FAX No.

statement of char	nge is submitted for a co	orporation organized	107.1508, or 617.1503, Fi I under the laws of the St I agent, or both, in the St	ate of Florida	_	
1. The name of the	ne corporation: CV Glo	bal, Inc.				
2. The principal of	247 0	ena Vista Avenue				
	Saraso	ta, Florida 34243				
3. The mailing ac	ldress (if different):	<u>. </u>				
4. Date of incorp	oration/qualification: _	10/22/2010	Document number:	P1000008697	72	
	street address of the cument of State: (If resign		at and registered office on	a file with the		
	_	MOSELEY, THO	MAS A			
	1	724 Manatee Aver	rue West			
		Bradenton, FL 3	4205			
6. The name and (if changed):	street address of the ne	w registered agent (if changed) and /or regist		Π	
	InCorp Services, Inc. 17888 67th Court North P.O. Box NOT ecceptable					
·	P.O. Box NOT acceptable Loxahatchee, FL 33470				ر اوستن یم	
		ce and the street add	ress of the business officies of directors or ed in writing of the chan	•	gent,	
Vh	JOHNER	E	David J Haley, Presider	nt		
•	क् वर्ग कर्त वर्ग कर वर्ग कर वर्ग कर वर्ग		Printed or typed nam		_	
I hereby accept in I further agree to performance of agent. Or, if this hereby confirm in	the appointment ds reg o comply with the prov my duties, and I am far s document is being fil that the corporation ha	nstered agent and a visions of all statutes nillar with and acce ed merely to reflect us been notified in w	gree to act in this capaci i relative to the proper a pt the obligation of my p a change in the register riting of this change.	ity. nd complete position as registerea ed office address, I	ł	
May 14, 2018			2018	_		
Sign If signing on bel	store of Registered Agent	_	Date			
Lorie Cuni on I	behalf of InCorp Sen	vices, Inc.				

* * * 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)