P10000092154

(Re	questor's Name)	<u> </u>	
(Ad	dress)		
(Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CDJI Corporation

Name of Corporation

P1000092154

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:

Carlos E Rebollar

Name of Contact Person

CDJI Corporation

Firm/Company

660 S Old Nob Hill Road

Address

Plantation, Florida 33324

City/State and Zip Code

cerdar2000@msn.com

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

For further information concerning this matter, please call:

Carlos E Rebollar

,786

239-8762

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

,		12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA	
		ered agent, or both, in the State of Florida.	
1. The name of t	he corporation: CDJI Corporation		
2. The principal	office address: 660 S Old Nob Hi	l Road Plantation, Florida 33324	
3. The mailing a	ddress (if different): 660 S Old Nol	Hill Road Plantation, Florida 33324	
4 Date of incom	poration/qualification: 11/10/2010	Document number: P10000092154	
5. The name and		agent and registered office on file with the	
-	1710 SW 100th Terrace		
	Davie, Florida		
	33324	nt (if changed) and /or registered office	
Davie, Florida 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 660 S Old Nob Hill Road			
	660 S Old Nob Hill Road		
	Plantation, Florida 33324		
	P.O. Box NO	° acceptable	
The street addre	ss of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.	
alos	Schollas	Carlos E Rebollar / President Printed or typed name and title	
I further agree to performance of agent. Or, if this	mv duties, and I am tamiliar with and a	d agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as registered ect a change in the registered office address. I	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	ped 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 * * *