P10000096790

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NUVISION OF CORPORATION

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JUL 01 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CL Metro Holdings, Inc.

Name of Corporation

DOCUMENT NUMBER: P10000096790

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:

Lawrence G. Walters, Esquire

Name of Contact Person

Walters Law Group

Firm/Company

195 W. Pine Ave.

Address

Longwood, FL 32750-4104

City/State and Zip Code

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

For further information concerning this matter, please call:

Lawrence G. Walters, Esquire at (407) 975-9150

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 cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Florida
1. The name of t	he corporation: CL Me	etro Holdings		
3. The mailing a	ddress (if different): 19	5 W. Pine Ave.	, Longwood, FL 32750)-4104
4. Date of incorp	oration/qualification:	11/29/2010	Document number:	P10000096790
	I street address of the cur tment of State: (If resign		nt and registered office on f	ile with the
	Lawrence G. Walte	ers, Esquire		
	781 Douglas Ave.			
		E1 2071/		<u> </u>
	Altamonte Springs	, FL 327 14		
	street address of the nev	w registered agent ((if changed) and /or register	11 JUN 30 AM
(if changed):				
				—— 99 88 AA
	195 W. Pine Ave.	P.O. Box NOT a	ccentable	3 3 3 3
	Longwood, FL 327			v.
The street address shapped will			ddress of the business offic	e of its registered agent,
authorized by the	e board, or the corpora	tion has been notif	by its board of directors or fied in writing of the chang	ge.
Signatur	re of an officer of director		Printed or typed nam	ne and title
		istered agent and isions of all statuted	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	
document is bei corporation has	ng filed merely to reflect been notified in writing	ct a change in the good this change.		hereby confirm that the
Sig	nature of Registered Agent	<u> </u>	6.24.11 Date	
If signing on be	half of an entity:			
	voed or Printed Name			

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