

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
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May 4 2612

COVER LETTER

	of Corporations	
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•		ا موجدي
SUBJECT:	C.F. Technologies Inc. (P1100058681)) :
75	Name of Corporation	
DOCUMENT N	IUMBER:	,
The enclosed Sta	stement of Change of Registered Office/Agent and fee are submitted for filing.	
	correspondence concerning this matter to the following:	, ,
	Name of Contact Person	
	Name of Contact Person	
11	C.F. Technologies Inc.	٠. `
Allery Carliery	Firm/Company	
nun saw kamanan	6538 Collins, Ave #.307	
अवस्थान	Address # Address	1
		· ·
海洲,中国共和	Miami Beach FL 33141	• • • •
4 2 4 2 4	City/State and Zip Code	
Commenter to	cftechinc@yahoo.com	, .
	E-mail address: (to be used for future annual report notification)	,
	the design of the property of the second of	٠
For further inform	mation concerning this matter, please call:	
. Tor turnier intorr	nation concerning this matter, please can:	د وخ
<i>;</i>	Kamran Heydari 3. Gohandrat (* 1914) 2755061	,
, : N	ame of Contact Person Area Code & Daytime Telephone Nur	nber
Enclosed is a \$35	5.00 check made payable to the Department of State.	
		1
- 1	Mailing Address: Street Address:	:
12 11 1	Amendment Section Amendment Section Division of Corporations Division of Corporations	; " ,
	Division of Corporations P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	
	Tallahassee, FL 32301	•

that phone cur-



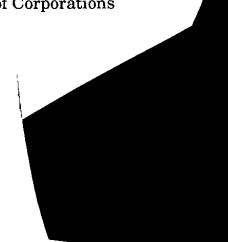
FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2012

KAMRAN HEYDAR C.F. TECHNOLOGIES INC 6538 COLLINS AVE #307 MIAMI BEACH, FL 33141

SUBJECT: C.F. TECHNOLOGIES, INC

Ref. Number: P11000058688



We have received your document for C.F. TECHNOLOGIES, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 212A00012793



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

Pursuant to the provisi statement of change is						s
in order to ch	ange its registered	office or registere	d agent, or both	in the State o	f Florida.	21
.1. The name of the cor	poration: C.F. T	echnologies	Inc.			77
2. The principal office	address: 6538 C	ollins Ave # 30	7_,-			`£
Miami Beach Fl	33141				領へ	<u>+</u> "
3. The mailing address	(if different):		, ,		다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	2
711		in the state of th		*		
4. Date of incorporation	n/qualification:	July 2011	Document n	umber:	P1100005	86 9 8
5. The name and street Florida Department	of State: (If resigne	ed, enter resigned)			with the	100 mg 1 m
, FLO	RIDA FILING A	AND SEARCH	SERVICES	, INC		
155	OFFICE PLAZ	A DRIVE SUIT	E A		_	ţ *
TAL	LAHASSEE FL	. 32301				· ' ' ' ' '
6. The name and street (if changed):	address of the new	Kania.	Hejdur:	CF. T	Ech-olo	
658	Collins Ave	6363	Talia	creek	Prive	APT 314
₩	Beachers,	P.O. Box NOT ac	ceptable			
The street address of i	ts registered officintical.	e and the street ad	dress of the bu	siness office o	f its registered	d agent.
Such change was auth authorized by the boar	orized by resoluti	on duly:adopted b ion has been notif	y its board of died in writing of	lirectors or by of the change:	an officer so	
Signature of an o	thicer or director			Kamran Hey		
I hereby accept the ap I further agree to com of my duties, and I am document is being file corporation has been	pointment as regi ply with the provi familiar with and d merely to reflec notified in writing	stered agent and a sions of all statute I accept the obliga I a change in the r I of this change	ngree to act in is relative to th ation of my pos egistered office	this capacity, e proper and c ition as registe e address, The	complete performed agent. Oreby confirm	ormance Or, if this that the
K-H	<u> </u>			4-20-201	2	•
Signature of	Registered Agent			Date		
If signing on behalf of	an entity:	ا ماريم پاهار		1		
Kamra	an Heydari		and the second s	ميرة والمراج	: .	
Typed or I	rinted Name		and the second s		· 7. (2	l man

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALEAHASSEE, FL 32314

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