P110000 94626

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300268082763

01/20/15--01028--014 **35.00

15 JAN 20 PH 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2015 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CapeCherry,Corp.

Name of Corporation

P1100094626

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:

Oliver Huttner

Name of Contact Person

Management Tax Consulting Inc

Firm/Company

4430 Orchid Blvd., Suite 202

Address

Cape Coral, Florida, 33904

City/State and Zip Code

mtc.florida@gmail.com

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

For further information concerning this matter, please call:

Oliver Huttner

,239

645-4208

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	~	
	Con Charry Core		
1. The name of t			
2. The principal	office address: 2802 SW 35th St., Cape Coral, Florida 33914		
3. The mailing a	ddress (if different): same		
4. Date of incorp	poration/qualification: 10-31-2011 Document number: P11000094	626	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	15	SEC
	IBO International Business Organization, LLC	JAN	AH.
1110 SW 28th St		20	ARY
	Cape Coral, Florida 33914	PM 4:	FF S
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	: 17	TATE ORIDA
	Management Tax Consulting Inc		
	4430 Orchid Blvd., Suite 202		
	P.O. Box NOT acceptable		
	Cape Coarl, Florida 33904		
The street addre	ess of its registered office and the street address of the business office of its regist be identical.	ered ag	ent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer le board, or the corporation has been notified in writing of the change.	so	
	/ Un // Michael Kirschstein VP		
•	of an officer or director Printed or typed name and title		_
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as reg s document is being filed merely to reflect a change in the registered office addre that the corporation has been notified in writing of this change.	istered :ss, I	1
Ü	lature of Registered Agent Date		
Sign	nature of Registered Agent Date		_
	half of an entity:		
	r Huttner President		
Ту	ped or Printed Name		

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