

P12 0000 65010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

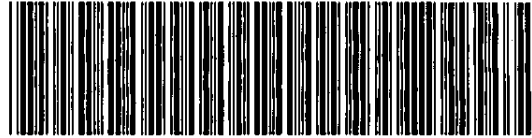
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AUG 31 2016

C. CARROTHERS

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2016 AUG 22 AM 5:00

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CH Corporate Design Inc  
Name of Corporation

**DOCUMENT NUMBER:** P12000065010

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:

OLGA CHERNENKO  
Name of Contact Person

CH Corporate Design Inc  
Firm/Company

435 NE 23 Street apt 307  
Address

MIAMI FL 33137  
City/State and Zip Code

olgachernenko81@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA CHERNENKO at (786) 468 4995  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CH Corporate Design INC
- 2. The principal office address: 671 NE 195 st apt 423 MIAMI FL 33179
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 7/25/2012 Document number: P12000065010
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

435 NE 23 Street apt. 307  
Miami FL 33137  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

OLGA CHERNENICO  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

8/17/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* 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)

2016 AUG 22 AM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

old

new