P120000 86274

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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R WHITF FEB 2 6 2020 January 27, 2020 C. Marketing Associates, Inc. 1345 Oakwood Drive Hollister, MO. 65672

Document # P12000086274

To: Florida Department of State Amendment Section Divisions of Corporations PO Box 6327 2661 Executive Center Circle Tallahassee, FL. 32301

RE: Change of address, and change of Registered Agent

actile time Price Wasts

To whom it may concern,

I am changing our mailing address, and our office address, and our Registered Agent.

Our new mailing address is that listed above: 1345 Oakwood Drive; Hollister, MO. 65672.

Our new office address, and the address of our new Registered Agent is: William Flynn 450 Sandy Cay Drive Miramar Beach, FL. 32550

For any further questions, please contact me at 918-640-6337, or by email at charlottepricewatts@gmail.com

Thank you,

Charlotte Anne Price-Watts

President and (Officer/Director)

CC William Flynn

COVER LETTER

TO: Amendme Division o	nt Section f Corporations	
SUBJECT: C. Mar	keting Associates, Inc.	
Name of Corporati	on	~
DOCUMENT NU	MBER: P12000086274	
The enclosed State	ment of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this ma	tter to the following:
Charlotte Anne Price	e-Watts	
Name of Contact F	Person	
Firm/Company	-, -	
1345 Oakwood Driv	e	
Address		
Hollister, MO. 6567	2	
City/State and Zip	Code	
	charlottepricewatts@gmail.com	
E-mail address: (to be used for future annual rep	port notification)
For further informa	ntion concerning this matter, pleas	se call:
Charlotte Anne Price	e Watts	01 (918 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Nai	ne of Contact Person	at (⁹¹⁸)640-6337 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Der	partment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (04/13)

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

statement of char	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of red agent, or both, in the State of Florida.			
1. The name of t	he corporation: C. Marketing Associates, I	nc.			
2. The principal	office address: 450 Sandy Cay Drive				
Miramar Beach, I					
3. The mailing a	ddress (if different): 1345 Oakwood Drive	, Hollister, MO. 65672			
4. Date of incorporation/qualification: 11/01/2012 Document no		Document number: P12000086274			
5. The name and		gent and registered office on file with the			
	Charlotte Price-Watts				
	404 Kelly Plantation Drive, Unit 1407				
	Destin, FL. 32541		113		
6. The name and (if changed):	street address of the new registered ager	it (if changed) and /or registered office	2020 J. "31		
	William Flynn				
	450 Sandy Cay Drive		13. E.		
	P.O. Box NOT acceptable				
	Miramar Beach, FL. 32550		<u>ر</u> -		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered	l agent,		
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.			
Walter	hun frice Watts	Charlotte Anne Price-Watts, President			
_	re of an officer or director	Printed or typed name and title			
of my duties, and document is bei	the appointment as registered agent anto comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	ues retailve to the proper and complete perfo gation of my position as registered agent. O e registered office address. I hereby confirm	rmance r, if this that the		
amo Ta	4	1-21-2020 Date			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
т	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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