

P13000030185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

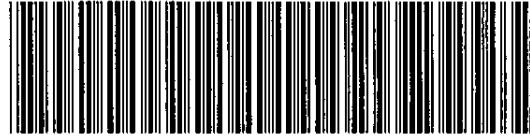
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 21 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAW INDUSTRIES INC.

Name of Corporation

P13000030185

DOCUMENT NUMBER:

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:

CRAIG A. WILLIAMS

Name of Contact Person

CAW INDUSTRIES INC.

Firm/Company

400 SW 12TH AVE #3

Address

POMPANO BEACH FL 33069

City/State and Zip Code

CAWINDUSTRIESINC@GMAIL.COM

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

For further information concerning this matter, please call:

CRAIG A. WILLIAMS

954

394-2373

Name of Contact Person

at ()

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

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**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: CAW INDUSTRIES INC.
2. The principal office address: 400 SW 12TH AVE #3 POMPANO BEACH 33069

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/8/2015 Document number: P13000030185

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)

CRAIG A. WILLIAMS

2881 SW 73rd Way #2109

Davie FL 33314

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

Chennel A. Williams

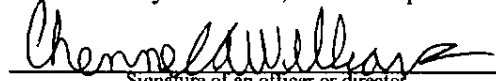
2881 SW 73rd Way #2109

Davie FL 33314

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.

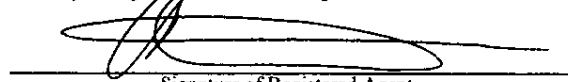
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Chennel A. Williams President

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 of Registered Agent

07/08/15

Date

If signing on behalf of an entity:

CRAIG A. WILLIAMS

Typed or Printed Name

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