

P13000087308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200319222612

10/16/18--01002--025 **35.00

FILED
18 OCT 16 PM 4:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 19 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Investigative Associates inc.

Name of Corporation

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:

Turner Wiggins

Name of Contact Person

Wiggins Smit Burby

Firm/Company

30 Forth Street

Address

Winter haven, FL 33880

City/State and Zip Code

twiggins@cpa-winterhaven.com

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

For further information concerning this matter, please call:

Ron Vitale

Name of Contact Person

at (863) 5957778

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: Central Investigative Associates Inc
2. The principal office address: 216 Solis Drive, Winter haven, FL 33880
3. The mailing address (if different): same

4. Date of incorporation/qualification: 10 24 13 Document number: D13000087308

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)

Legal Zoom resigned
877-818-9787

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

Wiggins-Smit-Burby CPA
30 Forth Street
Winter haven, FL 33880

P.O. Box NOT acceptable

FILED
18 OCT 16 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Ronald Vitale
Signature of an officer or director

RONALD VITALE
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.

Turner A Wiggins
Signature of Registered Agent

10/11/18
Date

If signing on behalf of an entity:

TURNER A WIGGINS
Typed or Printed Name

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