

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CBS SALES INCORPORATED

Certificate of Status	0
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C. GOLDEN

DEC - 5 2017

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

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statement of change is submitted for a corporation organized under the laws of the State of FI	tutes, thi	S
in order to change its registered office or registered agent, or both, in the State of Flo.	rida.	
1. The name of the corporation: CBS SALES INCORPORATED		
The principal office address: 2750 TAYLOR AVE., A43 ORLANDO, FL 32806		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 04/22/2014 Document number: P14000036	284	
 The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned) 	the	
DENAULT, DANIEL	V2 -	
1604 PAGE AVENUE	-	2017 (
ORLANDO, FL 32806	; '	טבכ _
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1 2	-4 WH
Registered Agents Inc.	.1.98.1 1.	Ö
3030 N. Rocky Point Dr. STE 150A		ω ω
P.O Box NOT acceptable Tampa FL 33607		
The street address of its registered office and the street address of the business office of its regard as changed will be identical.	gistered (agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board or the corporation has been notified in writing of the change.	cer so	
Magnetive of up-officer of theory of transco VI	P/ci	D
Thereby 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 agent. Or, if this document is being filed merely to reflect a change in the registered office adhereby confirm that the corporation has been notified in writing of this change.	e registere ldress, l	d
Bac 12-01-2017		
Signature of Registered Agent Date		_
If signing on behalf of an entity:		
Fyped 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)