

P14000044752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

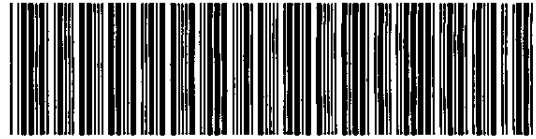
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800262357648

08/11/14--01042--021 \*\*35.00

FILED  
SECRETARY OF STATE  
14 AUG 11 PM 9:57

Rofch8  
@ 8.20.14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CH2 DESIGN GROUP CORP  
Name of Corporation

**DOCUMENT NUMBER:** P14000044752

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:

GABRIEL CHAVARRIA  
Name of Contact Person

CH2 DESIGN GROUP CORP  
Firm/Company

600 N Mashta Drive  
Address

KEY BISCAVNE, FL 33149  
City/State and Zip Code

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

For further information concerning this matter, please call:

GABRIEL CHAVARRIA at ( 305 ) 495-5536  
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: CH2 DESIGN GROUP CORP
2. The principal office address: 161 CRANDON BLVD APT # 413 KEY BISCAVNE, FL 33149
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/19/2014 Document number: P14000044752
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)

161 CRANDON BLVD APT # 413  
KEY BISCAVNE, FL 33149

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

600 N Mashta Drive  
KEY BISCAVNE, FL 33149  
P.O. Box NOT acceptable

FILED  
CORPORATION STATE  
14 JUN 11 AM 9:17

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] \_\_\_\_\_ GABRIEL CHAVARRIA, PRESIDENT  
Signature of an officer or director 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] \_\_\_\_\_ 08/06/2014  
Signature of Registered Agent Date

If signing on behalf of an entity:

GABRIEL CHAVARRIA  
Typed or Printed Name

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