

P140000064793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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R. White

AUG 31 2016

R. WHITE

FILED
16 AUG 22 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FL 32303

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CEVI INVESTMENTS, INC.

Name of Corporation

DOCUMENT NUMBER: P14000064793

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:

MARIELA ARROYO

Name of Contact Person

MF TAX GROUP

Firm/Company

8409 N MILITARY TRAIL SUITE 119

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

ROBINL@MFTAXGROUP.COM

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

For further information concerning this matter, please call:

ROBIN LISHEN

Name of Contact Person

at (**561**) **691-1100**

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CEVI INVESTMENTS, INC.
2. The principal office address: 3370 NE 190TH STREET, APT. 1801, AVENTURA, FL 33180

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/01/2014 Document number: P14000064793

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)

EVGENY CHEVYCHELOV

3600 MYSTIC POINTE DRIVE, STE 1116

AVENTURA, FL 33180

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

EVGENY CHEVYCHELOV

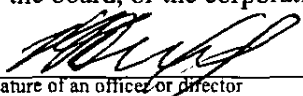
3370 NE 190TH STREET, APT. 1801

P.O. Box NOT acceptable

AVENTURA, FL 33180

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

EVGENY CHEVYCHELOV/ PVP

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

08/19/16
Date

If signing on behalf of an entity:

EVGENY CHEVYCHELOV

Typed 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

FILED
16 AUG 22 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE