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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 CATONSVILLE INVESTMENTS CORPORATIONS

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APR 0 9 2019

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: CATONSVILLE INVESTMENTS CORPORATION				
Name of Corporation				
DOCUMENT NUMBER: P15000047881				
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:				
Troube retain an earrespondence concerning this matter to the renowing.				
Jerome Sullivan				
Name of Contact Person				
Firm/Company				
784 S. Clearwater Loop				
Address				
Post Falls, ID 83854				
City/State and Zip Code				
filings@registeredagentsinc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jerome at 307 200-2803 Name of Contact Person Area Code & Daytime Telephone Number				
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 Street Address: Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

CR2E045 (03/12)

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

statement of cha	rrovisions of sections 607.0502, 617.050 nge is submitted for a corporation organ to change its registered office or regist	nized under the laws of the .	State of FLORIDA	
1. The name of the	he corporation: CANTONSVILL	E INVESTMENTS	CORPORATION	
2. The principal	219 C DOWEDI	INE ROAD		
· ·	DEERFIELD BEA	CH, FL 33442		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 05/29/2015	Document number:	P15000047881	
	street address of the current registered a tment of State: (If resigned, enter resign		on file with the	
	KENNETH SUHANDRO	N JR.		
	318 S. POWERLINE ROA	/D		
	DEERFIELD BEACH, FL	33442		
6. The name and street address of the new registered agent (if changed) and /or registered office.				
	REGISTERED AGENT	S INC.	200	
7901 4TH ST N, STE 300			A PA	
	ST. PETERSBURG, F	-	0 8 8 E	
The street addre	ss of its registered office and the street be identical.	address of the business of	<u>සි</u> සි ක	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	I by its board of directors of tified in writing of the cha	or by an officer so inge.	
	l Brigton	DANIEL BRISTO		
I hereby accept . I further agree to performance of i	the appointment as registered agent an o comply with the provisions of all stat my duties, and I am familiar with and a s document is being filed merely to refl that the corporation has been notified i	d agree to act in this capa attes relative to the proper accept the obligation of my	city. and complete position as registered	
Bee Hame		04/08/2019	9	
Sign	ature of Registered Agent	Date		
If signing on bel	·			
	E / SECRETARY ped or Printed Name			
Types of Transca Hage				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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