

P16000003468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

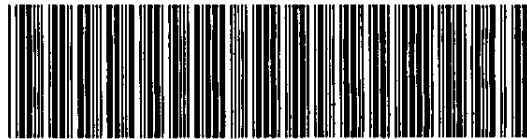
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700284371877

04/12/16--01007--028 **35.00

16 APR 11 AM 10:27
SECRETARY OF CORPORATIONS
NEW YORK STATE

APR 13 2016

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CBS Group Corp
Name of Corporation

DOCUMENT NUMBER: P16000003468

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:

Andre Luiz Torres Mota

Name of Contact Person

CBS Group Corp

Firm/Company

1601 Park Center Dr

Address

Orlando, FL 32835

City/State and Zip Code

mota.case@gmail.com

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

For further information concerning this matter, please call:

Andre Luiz Torres Mota

Name of Contact Person

at (614) 619 4145

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

RECEIVED
DIVISION OF STATE
CORPORATIONS
16 APR 11 AM 10:37

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

1. The name of the corporation: CBS Group Corp
2. The principal office address: 5950 Lakehurst Dr suite 282, Orlando, FL 32819

3. The mailing address (if different): 5950 Lakehurst Dr suite 282, Orlando, FL 32819

4. Date of incorporation/qualification: 01/08/2016 Document number: P16000003468

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)

5950 Lakehurst Dr suite 282
Orlando FL 32819

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

1601 Park Center Dr Suite 9
Orlando FL 32835

P.O. Box NOT acceptable

16 APR 11 AM 10:37
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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.

André Luiz Torres Mota
Signature of an officer or director

André Luiz Torres Mota, President
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

Date

If signing on behalf of an entity:

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
CR2E045 (03/12)