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 : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 COMBINED SPECIALTIES INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of					
		or registered agent, or both, in the State of Florida.					
1. The name of	the corporation: Combined Specia	alties International, Inc					
2. The principal	office address: 11545 57TH RD N	N, WEST PALM BEACH, FL 33411					
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification: 07/26/201	6 Document number: P16000063608					
	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the resigned)					
	Merlino-Neuhaus, DEBORAH B	, Director					
	11545 57TH RD N						
	WEST PALM BEACH, FL 33411						
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office					
	Corporate Creations Network Inc.						
	801 US Highway 1						
	P.O. Box NOT acceptable						
	North Palm Beach, FL 33408						
The street address changed will	ess of its registered office and th be identical.	e street address of the business office of its registered agent,					
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.					
	John Perez	John Perez, Attorney-In-Fact					
Signatu	re of an officer or director	Printed or typed name and title					
l further agrée . of my duties, an document is bei	to comply with the provisions of id I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	ngent and agree to act in this capacity. I all statutes relative to the proper and complete performance I the obligation of my position as registered agent. Or, if this tye in the registered office address, I hereby confirm that the change.					
	John Perez	04/04/2024					
Sig	nature of Registered Agent	Date					
lf signing on be	half of an entity:						
John Perez, Spec	ial Secretary	_					
1	yped or Printed Name	_					

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