## P1600098185

(Requestor's Name)
(Address)
(Address)
(Addiess)
(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



900315693969

07/16/18--01012--030 \*\*35.00

2018 JUL 16 PHIZ: 01

C. GOLDEN

JUL 1 9 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: CPKS Enterprise C					
	Name of Corporation				
DOCUMENT NUMBER: P1600	0098185				
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence conce	erning this matter to the following:				
•					
Cather	rine P. Siu				
	Name of Contact Person				
CPKS	Enterprise Corp.				
	Firm/Company				
1201 6	C Fodo St #1003				
1201 S. Eads St. #1003 Address					
	Address				
Arlingto	on, VA 22202				
<del></del>	City/State and Zip Code				
coksiur	@gmail.com				
	to be used for future annual report notification)				
`	,				
For further information concerning this	s matter, please call:				
Catherine Siu	at ( <sup>727</sup> ) 365-9701				
Name of Contact Perso	n Area Code & Daytime Telephone Numbe				
Enclosed is a \$35.00 check made paya	ble to the Department of State.				
Mailing Addr Amendment 9 Division of C					
P.O. Box 632					
Tallahassee.	FL 32314 2661 Executive Center Circle				
	Tallahassee, FL 32301				

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

Pursuant to the provisions statement of change is submitted in order to change	- <del>-</del>	organized under th	ne laws of the State of	<u>Florida</u>	•
1. The name of the corpora			oom, in the state of	1 107 tau.	
2. The principal office addr			learwater, FL 33762		
3. The mailing address (if o	lifferent): 1201 S. Eac	ds St. #1003, Arling	gton, VA 22202		
4. Date of incorporation/qu	alification: Dec. 13, 20	16 Docum	nent number: P16000	098185	
5. The name and street add Florida Department of St		•	stered office on file w	vith the	
Ca	therine P. Siu			- 57 <b>N</b> 9	
140	004 Roosevelt Blvd, Ste	e 614E		SECA SECA	<b>W</b> aya
. Cle	earwater, FL 33762			2018 JUL 16 SECRETARY	i
6. The name and street add (if changed):	ress of the new registere	ed agent (if changed	l) and /or registered o		
	Catherine P. Siu			IZ: 01	
5	560 NW 61 St. #719			,-	
		ox NOT acceptable		-	
	oconut Creek, FL 3307	····		-	
The street address of its reas changed will be identicated	gistered office and the sil.	street address of th	e business office of i	ts registered ager	nt,
Such change was authorized authorized by the board, or	ed by resolution duly act the corporation has be	dopted by its board en notified in writ	of directors or by an ing of the change.	officer so	
<i>Co</i> r	$\sim$	Catherin	ne P. Siu, CEO		
Signature of an officer  I hereby accept the appoin  I further agree to comply v performance of my duties, agent. Or, if this documen hereby confirm that the co-	tment as registered ago with the provisions of a and I am familiar with it is being filed merely t	ent and agree to ac Il statutes relative i and accept the obl to reflect a change	to the proper and con igation of my position in the registered offic	nplete n as revistered	
Signature of Regis	<u>,                                     </u>	7/11/20	<del>.</del>		
If signing on behalf of an e	entity:				
Catherine P. Siu Typed or Printed	Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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