P17000019159

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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: CCHOMES & INVESTMENTS CORP.

Name of Corporation

P17000019159

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:

Heather M Gardner

Name of Contact Person

The Huntington National Bank

Firm/Company

1514 W Morrell St

Address

Jackson, MI 49203

City/State and Zip Code

consuelocorrechet2@gmail.com

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

For further information concerning this matter, please call:

Consuelo Correchet

Name of Contact Person

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 REGISTÉRED AGENT OR BOTH FOR CORPORATIONS

statement of che	mge is submitted for a corporation	17.0502. 607.1508, or 617.1508. Florida Statute a organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida	<u> </u>
1. The name of	the corporation: CCHOMES 8	INVESTMENTS CORP	
2. The principal	office address: 16330 NW 84 kes, FL 33016	CT	
3. The mailing a	nddress (if different): 202 W Pro n, MI 49203	ospect St	
4. Date of incor	poration/qualification: 02/21/20	D17	9159
	I street address of the current regis rtment of State: (If resigned, enter)	stered agent and registered office on file with the resigned)	
	Consuelo C Lezcano (m	other resigned)	
	16330 NW 84 CT		
	Miami Lakes, FL 33016		2019
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			10.511610
	Consuelo Correchet		
	16330 NW 84 CT		و ع د
	P.O.B Miami Lakes, FL 33016	Box NOT acceptable	Δ
The street addreas changed will		street address of the business office of its regis	stered agent.
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an office een notified in writing of the change.	rso
Signatu	re of an officer or director	Consuelo Correchet, Preside	ent
I hereby accept I further agree	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and complete and accept the obligation of my position as re to reflect a change in the registered office addi- tified in writing of this change.	gistered ress, I
		11 /10 / 19. Date	
Sıā	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Consuelo C	Correchet		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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