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 Division of Corporations
 Florida Department of State
 Division of Corporations
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Account Name : WRIGHT LAW FIRM,P.A.
Account Number : I20020000105
Phone : (239)542-9955
Fax Number : (239)829-0548

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Cwright@wtfpa.com

**REGISTERED AGENT CHANGE
C&C 4U SERVICE CORPORATION**

Certificate of Status	0
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**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C&C 4U Service Corporation
2. The principal office address: 1203 SW 48th Terrace # 202, Cape Coral, FL 33914
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/26/2017 Document number: P17000086494

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)

Resigned

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

Christine F. Wright, Wright Law Firm, P. A.

923 Del Prado Blvd. S, Suite 106

P.O. Box NOT acceptable

Cape Coral, FL 33990

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.

Signature of officer or director

Camelia Filip

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

08/08/2018

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

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