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## **COVER LETTER**

Division of Corporations
SUBJECT: CIMPLY CATHEVINE, Inc.
DOCUMENT NUMBER: 1/8000 66626
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:
CATHEVIAL CAPOULZ  Name of Contact Person  CHURY CATHEVIAL INC  Firm/Company  10400 S. GAVRELS DV # 201
Address  Palen Black Garden, FT 33 40/ City/State and Zip Code  CIMPLY CATHEVIAL OF E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  CATHELL (4001/b) at (786), 457-859  Name of Contact Person at (Aca 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



October 9, 2019

CATHERINE CAPOVILLA 10400 S. GARDENS DR **UNIT 201** PALM BEACH GARDENS, FL 33418

SUBJECT: CIMPLY CATHERINE INC.

Ref. Number: P18000066626

We have received your document for CIMPLY CATHERINE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 719A00020761

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www.sunbiz.org

## 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: (WD/4 CATMEVILE INC
2. The principal office address: OGOO'S. GUNZEUS DV # 201
PSLY GLANGER, FE 33401
3. The mailing address (if different):
N/4
4. Date of incorporation/qualification: 8/1/8 Document number: P180000 66606
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)
Klusti Linoghen
105 NE 183 ST
MIZNI, FZ 33179
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Catherine   Apolite
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 an officer of director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I har ther 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:  (ATMENUE APD UILL  Typed or Printed Name

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