P200000 21003

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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52 10/14/20

COVER LETTER

TO:	Amendment Section Division of Corporations	•
	Division of Corporations	
SUBJI Name	ECT: CC Capital Investments, Inc	
DOCU	JMENT NUMBER: P20000021003	
The en	closed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
	return all correspondence concerning this	
ricasc	return an correspondence concerning and	s matter to the following.
Mario	Beckles	
Name	of Contact Person	
Beckle	s & CO	
Firm/C	Company	
2001 I	lollywood Blvd. Suite 208	
Addres	SS	
Hollyw	vood, FL	
City/S	tate and Zip Code	
	mbeckles@becklescpa.com	
E-mai	l address: (to be used for future annua	l report notification)
For fu	ther information concerning this matter.	please call:
Mario	Beckles	ot (786 \) 512-5016
	Name of Contact Person	at (786) 512-5016 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida State rganized under the laws of the State of Flori gistered agent, or both, in the State of Flori	ida		
1. The name of t	the corporation: CC Capital Investment	nts, Inc			
	office address: 2001 Hollywood Blvd				
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 03/04/2020 Document number: P20000021003					_
	I street address of the current register timent of State: (If resigned, enter res	red agent and registered office on file with this igned)	he		
	Beckles & Co				
	2075 NE 164th Street, APT 904		ائن د بایس	207	
North Miami Beach, FL 33162 (resigned) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				020 SEP	
				P −2 AM	
	Registered Agents Inc.		E ST		į
	7901 4th St N STE 300		J. J.	9: 40	
P.O Box NOT acceptable St. Petersburg FL 33702					
		reet address of the business office of its re opted by its board of directors or by an offi in notified in writing of the change.		agent,	
authorized by the	ne board, or the corporation has bee	n notified in writing of the change.			
Marie Sugar	e of an officer or director	Mario A. Beckles Printed or typed name and title			
I hereby accept I further agree of my duties, ar document is ber	the appointment as registered agei	nt and agree to act in this capacity. statutes relative to the proper and comple obligation of my position as registered as in the registered office address, I hereby c	te perfo. zent. Or onfirm t	rmance , if this hat the	:
Bee Ha	~	08/28/2020			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Bill Havre					
1	yped or Printed Name				

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