

P21000095940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CP Distributors, Inc.
Name of Corporation

DOCUMENT NUMBER: P 21000095940

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:

Daniel Krause
Name of Contact Person

CP Distributors, Inc.
Firm/Company

2761 NE 56 CT
Address

Fort Lauderdale, FL 33308
City/State and Zip Code

dan @ CPfunds.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Krause at (818) 427 1999
Name of Contact Person Area 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: CP Distributors, Inc.
2. The principal office address: 2761 NE 56 CT
Fort Lauderdale, FL 33308
3. The mailing address (if different): 6278 N. Federal Hwy #447 Fort Lauderdale
4. Date of incorporation/qualification: 11/12/2021 Document number: P2100095940 FL, 33308
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)

PARACORP Incorporated
155 office Plaza Drive, 1st FL
Tallahassee, FL 32301

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

Daniel Krause
2761 NE 56 CT
P.O. Box NOT acceptable
Fort Lauderdale, FL 33308

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.

Daniel W. Krause
Signature of an officer or director

DANIEL W. KRAUSE
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.

Daniel W. Krause
Signature of Registered Agent

9/14/2022
Date

If signing on behalf of an entity:

DANIEL W. KRAUSE
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
CR2E045 (04/13)