P21000101503

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
I PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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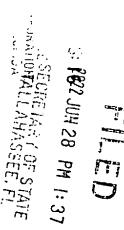
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· COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: CSA II INC of Corporation	
DOC	UMENT NUMBER: P21000101503	
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Pleaso	e return all correspondence concerning this	matter to the following:
THON	MAS E. CROMPTON	
Name	of Contact Person	
CSA I	IINC	
Firm/	Company	
3607 8	N. MONROE ST. #180721	
Addre	ess	
TALL	AHASSEE, FLORIDA 32303	
City/S	State and Zip Code	
	ADMIN@CSAII.COM	
E-ma	il address: (to be used for future annual	report notification)
For fu	orther information concerning this matter, p	please call:
THON	MAS E. CROMPTON	at (865)730-4191
	Name of Contact Person	at (865)730-4191 Area Code & Daytime Telephone Number
Enclo	sed 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
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)