## P22000040519

(Requestor's Name)		
(Address)		
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(Address)		
(City	/State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Na	ame)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: (0- KT) VE CWSUMM CWP.
DOCUMENT NUMBER: \$22000040519
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:
Name of Contact Person  (1 At we CMM My CMY.  Firm/Company  125 MMCYMCKIT M  Address  Very Mall Fr 320 63  City/State and Zip Code  [Code of Code of C
For further information concerning this matter, please call:
Name of Contact Person at (205) 302 1876  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

CR2E045 (04/13)

## 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: CN - ACTIVE COMENTANCE COMP
2. The principal office address: 636 HMey Sucker Ln  Vov 1 beach F1 32963
VOV belien F1 32963
3. The mailing address (if different):
4. Date of incorporation/qualification: 5 24122 Document number: 1200041519
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)
Spiegel & Nivera, PA
Four in Flow, 1841 Luilding, 1840 Sw 24/2 ST
MIAMI FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Janifer Miller
436 HMEY SUCKE LY PO. Box NOT acceptable
Very beach FL 32163
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.
prst.
Signature of an effect or director  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 Royastered Agent  1 J 18   2 3
If signing on behalf of an entity:
Junifica Miller Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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