P9300055

(Requestor's Name)	-
(Address)	
		
(Address)	
- (City/State/Zip/Phone #)	
_		-
☐ PICK-UP	WAIT	MAIL
(Business Entity Name)	
(Document Number)		
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Certified Copies	Certificates of Stat	us
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COVER LETTER

Division of Corporations
SUBJECT: CDCF, Inc.
Name of Corporation
DOCUMENT NUMBER: P93000035055
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:
rease retain an correspondence concerning and matter to the following.
Cynthia Croom
Name of Contact Person
Butler Enterprises
Firm/Company
3217 SW 35th Blvd
Address
Gainesville FL 32608
City/State and Zip Code
corporate@butlerenterprises.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cynthia Croom Name of Contact Person Name of Contact Person at (352 372-3581, X 317) Area Code & Daytime Telephone Number
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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



August 8, 2017

CYNTHIA CROOM 3217 SW 35TH BOULEVARD GAINESVILLE, FL 32608

SUBJECT: CDCF, INC.

Ref. Number: P93000035055

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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.

Letter Number: 817A00016067

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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

Pursuant to the provisions of sections 697.0502. 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: CDCF, Inc.
2. The principal office address: 3217 SW 35th Blvd Gainesville FL 32608
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/12/1995 Document number: P93000035055
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)
Presnick, Cory
3217 SW 35th Blvd
Gainesville FL 32608
Gainesville FL 32608 6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed): Deborah J. Butler
Deborah J. Butler
3217 SW 35th Blvd
P.O Box NOT acceptable Gainesville FL 32608
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.
Deborah J. Butler, President 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.
Signature of Register of Agent Date
If signing on behalf of an entity:
Typed or Printed Name * * * FILING FEE: \$35.00 * * * Dropaid