P93000043493

(Re	equestor's Name)	
- (Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
. • (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·

Office Use Only



900209827669

RACharge

07/18/11--01016--006 **35.00



1/20/11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Continental Finishing Equipment Inc
DOCUMENT NUMBER: 293000-43493
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
Law Offices of Kravitz & Guerra P.A. Finn/Company
800 Brickell Avenue # 701 Address
Miami Florida 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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

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 \(\frac{\frac
1. The name of the corporation: Continental Finishing Equipment, Inc. 2. The principal office address: 847 NW 119 Street, Bute-207205
2. The principal office address: 847 NW 119 Street Bute-207205
Miami, Fl 33168
Miami, Fl 33168 3. The mailing address (if different): 847 NW 119 Street, Suite 207 205
Migni, #1 33168
4. Date of incorporation/qualification: 6/21/1993 Document number: 893000043493
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)
Maurice Eskingzi
847 NW 119 Street # 207 205
847 NW 119 Street, #207 205 Migni, Florida 33168
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bernard Bryant mg
Bernard Bryant 847 NW 119 Street, Scite-205 P.O. Box NOT acceptable
Miami, Florida 33168
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.
Signature of an officer or director Printed or typed name and title
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 locument is being filed merely it reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
7-14-11
Signature of Registered Agent Date
f signing on behalf of an entity:
Beinerd Bryant Typed or Printed Northe
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 (8/05)

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