## P93000048866

<u></u>					
(Re	questor's Name)				
(Ad	dress)	<del></del>			
(Add	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to F	Filing Officer:				
		j			
	. <del></del>				

Office Use Only



300207838063

04/30/12--01034--007 \*\*70.00

Change

2012 APR 30 PM 4: 97
SECRETARY OF STATE
TALLAHASSEE, FLORID

Dop 5/4/12

## **COVER LETTER**

то:	Amendmen Division of	t Section Corporations						
SUBJ	ECT:	C.D.S. HOLI	DINGS II, INC. of Corporation					
DOC	UMENT NUI	MBER: F	93000048866					
The e	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all cor	respondence concerning this n	natter to the following:					
	-	Anthony Name o	Accetta, Esquire f Contact Person	1.451.0				
	Law Offices of Anthony Accetta, P.A.  Firm/Company							
		200 S. Biscayne	Boulevard, Suite 2930					
			Address					
		Miami, City/Sta	Florida 33131 ite and Zip Code					
aaesq6@aol.com  E-mail address: (to be used for future annual report notification)								
For fu	rther informa	tion concerning this matter, ple	ase call:					
		Anthony Accetta	at ( 305 )	579-0100 rtime Telephone Number				
Enclo		0 check made payable to the D	·					
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Build	Section Corporations ling ive Center Circle				

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida
	the corporation: C.D.S		II, INC. evard, Suite 2930, Mia	ami Florida 33131
2. The principal	office address. 200 G.	Bloody 170 Bodie	vara, Gares 2000, Mile	ini, rionaa oo ro
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	07/13/1993	Document number:	P93000048866
	d street address of the cur tment of State: (If resign		at and registered office on f	ile with the
	Agents and Corpor	rations, Inc.		
	300 Fifth Avenue S	South, Suite 101	-330	*****
	Naples, Florida 34	102		7 S
6. The name and (if changed):	street address of the nev	w registered agent (i	f changed) and /or register	FILE 2012 APR 30 SECRETARY FALL AHASS
	Law Offices of Anti	hony Accetta, P	.A.	- SERVE P M
	200 S. Biscayne Be			WEELEN STA
	Miami, Florida 331	P.O. Box NOT acc	ceptable	RICE 87
_	ess of its registered offic be identical.	e and the street add	dress of the business office	
Such change wa authorized by In	is authorized by resoluti te board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or led in writing of the chang	by an officer so e.
Signatur	of an officer or director		CHRISTIANE MAR	CHESA SERRA e and title
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as regi o comply with the provi of Lindfamiliar with and no filled merely to reflec been notified in writing	stered agent and a sions of all statutes I accept the obliga t a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
	A Company Assert		APRIL 26,	2012
17	nalif of an entity:		Date	
	HONY ACCETTA ped or Printed Name			

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