Division of Corporations Electronic Filing Cover Sheet

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(((H12000292405 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future

er the email address for this business entity to be used to the annual report mailings. Enter only one email address please. The control of t

Email Address:

REGISTERED AGENT CHANGE CMI SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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15/13/5015 12:11

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	CM1 Services, Inc.				
	Name of Corporation				
P96000016106 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
	Name of Contact Person				
	· · · · · · · · · · · · · · · · · · ·				
	Firm/Company				
	Address				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
	Name of Contact Person at () Area Code & Daytime Telephone Number				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclos	sed 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				

CR2E045 (03/12)

FL006 - 10/25/2012 Wolten Kluwer Online

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga	nized under the laws of the State of	· FL	
	er to change its registered office or regis	tered agent, or both, in the State of	Florida	
1. The name of	the corporation; CMI Services, Inc.			
2. The principal	office address: 1555 SOUTH BLVD CHI	PLEY FL 32428		
·				
3. The mailing a	address (if different): 2800 POST OAK B	LVD SUITE 2600 HOUSTON TX 770	056	
4. Date of incor	poration/qualification: 02/19/1996	Document number: P960000	016106	
	d street address of the current registered rtment of State: (If resigned, enter resign		vith the	
	CORPORATION SERVICE COMPANY	, 		
	1201 HAYS STRBET	43	TALL SEC	
	TALLAHASSEE FL 32301-2525		AR EC	
6. The name an (if changed):	d street address of the new registered ago	ent (if changed) and /or registered o	TALLAHASSEE FI	
	C T Corporation System		- 85 5	
c/o C T Corporation System, 1200 South Pine Island Road				
P.O. Box NOT acceptable				
	Plantation, Florida 33324		-	
The street address changed will	ress of its registered office and the stree I be identical.	t address of the business office of	its registered agent,	
	he board, or the corporation has been n			
/_/	Se order efficer or distance (Kristin Bolden, Secretary Printed or typed name and t	rio.	
agent. Or. 11 th	t the appointment as registered agent as to comply with the provisions of all sta fmy duties, and I am familiar with and its document is being filed merely to rely that the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and co accept the obligation of my positic lect a change in the registered offi	mplete vi as registered	
By: CT	Corporation System	12/5/2012		
	gnature of Registered Agent	Date	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
James N	ehalf of an entity: M. Halpin Secretary			
	Typed or Printed Name	የነው. ምንድ ሲ ሲ ቁ ቁ ቁ		
	* * * FILING F	LE: 333.00 " " "		

1,006 - 10/25/2013 Wulters Kluwer Online

CR2E045 (03/12)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314