

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	<del></del>	
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



500242240295

12/10/12--01024--009 \*\*140.00



## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: C.W.P.R.D.T., INC.

Name of Corporation

P96000020460

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:

Tina L. Althoff

Name of Contact Person

WILLIAM B. PRINGLE III, P.A.

Firm/Company

Post Office Box 6340

Address

Orlando, Florida 32802

City/State and Zip Code

info@pringlelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina L. Althoff

Name of Contact Person

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

statement of change is sub	mitted for a corporation organ	02, 607.1508, or 617.1508, Florida nized under the laws of the State of ered agent, or both, in the State of I	Florida	
1. The name of the corpora	ation: C.W.P.R.D.T., IN	C.		
2. The principal office add Orlando, Florida	<sub>lress:</sub> 255 South Orange	e Avenue, Suite 800		
3. The mailing address (if	different): Post Office Bo	ox 6340, Orlando, Florida	32802	
4. Date of incorporation/qu	ualification: 03/04/1996	Document number: 06169	96682	
	tress of the current registered a State: (If resigned, enter resigned	agent and registered office on file wed)	ith the	
WILLIA	AM B. PRINGLE III		_	
390 N.	Orange Avenue, Sui	te 2100	_	
Orland	o, Florida 32801		<b>.</b>	
6. The name and street add (if changed):	lress of the new registered age	nt (if changed) and /or registered of	SECRETARY ALLOHASSE	ameta. I
WILLIA	AM B. PRINGLE III		SSEN I	_
255 Sc	255 South Orange Avenue, Suite 800			
Orland	P.O. Box NOT acceptable Orlando, Florida 32801			
	·		. 78≠ ' <b>•</b> 1	
The street address of its reas changed will be identic	egistered office and the street al.	address of the business office of it	s registered agent	t,
Such change was authorized by the board, o	ed by resolution duly adopted or the corporation has been no	I by its board of directors or by an tified in writing of the change.	officer so	
Signature of an office	r or director	Printed or typed name and lif	lle	
I further agree to comply performance of my duties, agent. Or, if this docume	ntment as registered agent an with the provisions of all stat , and I am familiar with and a not is being filed merely to refl proration has been notified i	d agree to act in this capacity. utes relative to the proper and con accept the obligation of my position ect a change in the registered offic n writing of this change.	nplete n as registered ce address, I	
AVV		December 5, 2012		
If signing on behalf of an		Date		
Typed or Printe	d Name			

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

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