

P98000014054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

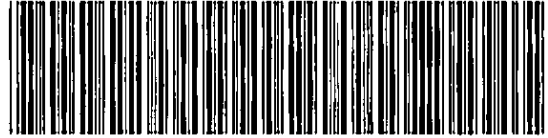
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400319190594

10/04/18--01007--025 **35.00

S TALLENT
OCT 15 2018

FILED
18 OCT -11 AM 8:31
OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CTS Properties, Inc
Name of Corporation

DOCUMENT NUMBER: P98 000014854

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:

Mary Martinez
Name of Contact Person

CTS Properties, Inc
Firm/Company

2480 E. State Rd 80
Address

LaBelle, FL 33935
City/State and Zip Code

MARY.MARTINEZ@CHLHoldings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Martinez at (239) 229-2199
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C/S Properties, Inc.
2. The principal office address: 467 US Hwy 27 N
Lake Placid, FL 33852
3. The mailing address (if different): 2480 E. SR. 80
Labelle FL 33935
4. Date of incorporation/qualification: 2/11/98 Document number: PR8000014054

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)

ROBERT C. ERVIN
467 US Hwy 27 N
Lake Placid, FL 33852

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARY MARTINEZ
2480 E. STATE Rd 80
Labelle, FL 33935

P.O. Box NOT acceptable

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]
Signature of an officer or director

Robert C. Ervin / Secretary
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]
Signature of Registered Agent

9/14/18
Date

If signing on behalf of an entity:

Mary C. Martinez
Typed or Printed Name

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

FILED
18 OCT -11 AM 8:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS