

P98000044869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

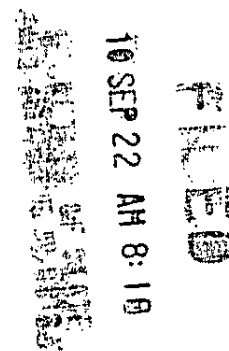
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RA Change

9/23/10

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CJM Construction, Inc.
Name of Corporation

DOCUMENT NUMBER: P98000044869

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:

Charles J. Marchitello, Jr.
Name of Contact Person

CJM Construction, Inc.
Firm/Company

5382 NE 13th Way
Address

Pompano Beach, FL 33064
City/State and Zip Code

ashley@cjmcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles J. Marchitello, Jr. at (954) 426-1180
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: CJM Construction, Inc.
2. The principal office address: 5382 NE 13th Way Pompano Beach, FL 33064
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/1/1998 Document number: P98000044869
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 M. Arlen

110 E ATLANTIC AVE SUITE 330

DELRAY BEACH FL 33444 US

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

Robert M. Arlen, P.A.


101 SE 6th Ave. Suite D

P.O. Box NOT acceptable

Delray Beach, FL 33483

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

Charles J. Marchitello, Jr. President

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 of Registered Agent

September 17, 2010

Date

If signing on behalf of an entity:

Robert M. Arlen

Typed or Printed Name

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

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

CR2F045 (8/05)

FILED
10 SEP 22 AM 8:10
FLORIDA DEPARTMENT OF STATE