

P980000 59117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

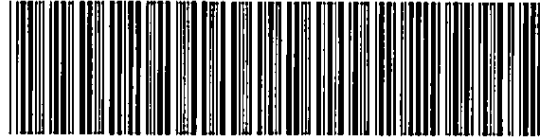
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700336640497

11/15/19--01009--014 **35.00

2019 11 15 PM 1:25

R. WHITE
DEC 12 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C & G SPECIALTIES, INC
Name of Corporation

DOCUMENT NUMBER: 998000089117

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:

CHAD CANIFF
Name of Contact Person

C & G SPECIALTIES, INC
Firm/Company

3209 S. LAKEVIEW CIRCLE #205
Address

FT PIERCE, FL. 34949
City/State and Zip Code

TABU 526 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAD CANIFF at (772) 342-0167
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C E C SPECIALTIES, INC
2. The principal office address: 3209 S. LAKEVIEW CIRCLE # 205
FT PIERCE, FL. 34949
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/19/1998 Document number: P98000089117
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)

GLEN PENDER — RESIGNED
532 NW MERCANTILE PL #105
FT ST LUCIE, FL. 34986-3275

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

CHAD CANIFF
3209 S. LAKEVIEW CIRCLE #205
P.O. Box NOT acceptable
FORT PIERCE, FL. 34949

2019 NOV 15 PM 1:25

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

CHAD CANIFF VP
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

11-14-2019
Date

If signing on behalf of an entity:

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