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CIRCA, INC. 3200 N. PORT ROYALE DRIVE **SUITE 1703** FORT LAUDERDALE, FL 33308

City/State/Zip

Phone #

CORPORATION NAME(S)	& DOCUMENT NUI	

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1.					
	(Corporation Name)	(Document #))		
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NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/ Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/
'	Foreign
	Limited Partnership
	 Reinstatement
	Trademark
4	Other

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Examiner's Initials	

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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: CLRCA INC
2. The mailing address of the corporation is: 9861 & Commercial BLVO
FORT LAUDERDALE FL 33368
3. Date of incorporation/qualification: <u>C/o//99</u> Document number: <u>P 990000 46 470</u>
4. The name and address of the current registered agent and office:
KAREN CASTORINA
3260 N PORT ROYALE DR.
FORT LAUDERDALE FL. 33308
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
ANN VAN EARS
3410 GALT OCEAN MILE AND 80814
FORT LAUDERDALE FL. 3330 F. TI
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.
1/64/2000
(Signature of an officer, chairman or vice chairman of the board) (Date)
ANN VAN EPPS
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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
registerea ageni.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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