PAAOUU USUIS

·		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
•	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ru	siness Entity Nar	me)
(50	Silless Chury Hai	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

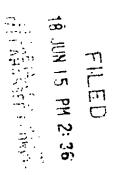
Office Use Only



700314168717

06/15/18--01009--016 ++35.00

S TALLENT JUN 1 8 2018



RIPUX

COVER LETTER

SUBJECT: CBC Extension TNC			
DOCUMENT NUMBER: P99 0000 48418			
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:			
the following.			
Chandlee Hu Ch Name of Contact Person			
Firm/Company			
P.O. B. S. 244 Address			
Niceville = 1 32578 City/State and Zip Code			
E-mail address (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Chandles Huff at (FSO) 897-6469 Name of Contact Person Area Code & Daytime Telephoné Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CBC Enterprises, TNC.
2. The principal office address: 4592 Have 20 E Suite!
Niceville, Fl 32578
3. The mailing address (if different): P.O. BX 5244 Niceville, F1 32578
4. Date of incorporation/qualification: 5/27/1999 Document number: P990000 48418
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)
Datillio, Ralph C
215 S. Manroe St
Tallahassee, F/ 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Chardler J. Huff
4592 Awy 20 E Suite 1
Niceuille, F1 32578
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 other of director 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.
2/18
Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed 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 * * *