

P99000109093

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: stuart@stuartcooper.com

RECEIVED
09 NOV 18 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
CHAOLEI MARKETING AND FINANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

PA Change

NOV 18 2009

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: Cholei Marketing and Finance Company
2. The principal office address: 8416 Lincoln Street 511 NE 9TH ST, Building #2
Hollywood, FL 33020 MIAMI SHAWNS FL 33138
3. The mailing address (if different): 511 N.E. 9TH ST. MIAMI SHAWNS, FL 33138
Building #2
4. Date of incorporation/qualification: 12/17/1999 Document number: P99000109093
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)

Maximum Associates, Inc.

2416 Lincoln Street

Hollywood, FL 33020

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

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 its officer or director

STUART D. COOPER
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.

By: CT Corporation System
Barbara A. Burke
Signature of Registered Agent

11-17-09
Date

If signing on behalf of an entity:

Barbara A. Burke, Special Assistant Secretary

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

CR2E045 (8/05)

SECRETARY OF STATE
CLIFF A. HASSLER, FIDELITY

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