

✓ 44823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

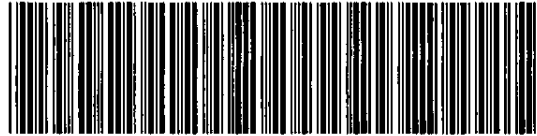
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

over 12/1/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CBLB, INC.
Name of Corporation

DOCUMENT NUMBER: V44823

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:

Madeleine Bartolotti
Name of Contact Person

Firm/Company

642 Brackenwood Cove
Address

Palm Beach Garden, FL 33418
City/State and Zip Code

madelinebartolotti@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sari Addicott, Esq. at (945) 454-2605
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: C.B.L.B., INC.
2. The principal office address: 2206 NE 17 Ave.
Ft Lauderdale, FL 33305
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/18/1992 Document number: V44823
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)

Bartoletti, Louis
2206 NE 17th St.
Ft Lauderdale, FL 33305

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

* Madeline Bartoletti
642 Brackenwood Cove
Palm Beach Garden, FL 33418

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 AM 9:11

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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.

* Debra Palma
Signature of an officer or director

Debra Palma, VP.
Printed or typed name and title

CF/K/A Debra Bartoletti

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.

* Madeline Bartoletti
Signature of Registered Agent

11/12/09
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

CR20045 (8-05)

my

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

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3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/18/1992 Document number: V44823
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)
Bartoletti, Louis
2206 NE 17th St.
Ft Lauderdale, FL. 33305

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

x Madeline Bartoletti
642 Brackenwood Cove
P.O. Box NOT acceptable
Palm Beach Garden, FL. 33418

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.

x Debra Balma
Signature of an officer or director

Debra Balma, VP.
Printed or typed name and title
CF/K/A Debra Bartoletti

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x _____
Signature of Registered Agent

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
CR2E045 (8/05)

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