

P11000023431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

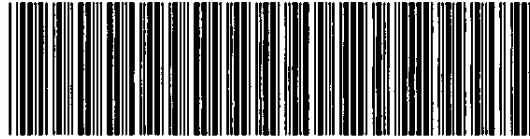
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB - 3 AM 8:43

FEB 8 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2015

JORDAN TYLER / LEGALINC CORPORATE SERVICES INC  
1623 CENTRAL AVE SUITE 145  
CHEYENNE, WY 82001 US

SUBJECT: C2MP INC.  
Ref. Number: P11000023431

We have received your document for C2MP INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 815A00026597

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C2MP INC.

Name of Corporation

**DOCUMENT NUMBER:** P11000023431

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:

**JORDAN TYLER**

Name of Contact Person

**LEGALINC CORPORATE SERVICES INC.**

Firm/Company

**1623 CENTRAL AVE, SUITE 145**

Address

**CHEYENNE, WY 82001**

City/State and Zip Code

**JORDAN@LEGALINC.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JORDAN TYLER**

Name of Contact Person

at ( **970** ) **581-6156**

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: C2MP INC.
2. The principal office address: 1553 CHAIN FERN WAY  
FLEMING ISLAND, FL 32003
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/07/2011 Document number: P11000023431
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)

USA-RA LLC  
841 PRUDENTIAL DRIVE, 12TH FLOOR  
JACKSONVILLE, FL 32207

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

LEGALINC CORPORATE SERVICES INC.  
5237 Summerlin Commons Suite 400  
P.O. Box NOT acceptable  
Fort Myers FL 33907

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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.

  
\_\_\_\_\_  
Signature of an officer or director **PAUL RYNNE**  
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 of Registered Agent 10/20/2015  
Date

If signing on behalf of an entity:  
JORDAN TYLER  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*