Planaghol3

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500298801145

05/15/17--01043--001 **35.00

MAY 19 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CRVIP Properties International Name of Corporation
DOCUMENT NUMBER: P 120000 28603
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:
Andy Parker Name of Contact Person
Gables Tox & Accounting, Inc.
15015.LE Jeune RD Address
Mi Ami, Fr. 33/34 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anny Pariter at (305) 444-5724. 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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

1. The name of the corporation: CRVIP International Inc. 2. The principal office address: 114 E. TARPON AVE - UNIT #5 TARPUN SPYINGS, FT. 34689 3. The mailing address (if different): 4. Date of incorporation/qualification: Navh 23, 2012 Document number: Pl200 to 28603 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) Clearwater Professional Bysiness Accounting 15 201 Rossaelt Blvo Suite 112 Clearwater FC 33 7600 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Cables Tax & Accounting Inc.
TARPIN SPrings, Fig. 34689 3. The mailing address (if different): 4. Date of incorporation/qualification: March 23, 2012 Document number: Pl200 to 28603 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) Clearwater Professional Brsiness According 15 201 Rossee1+ BlvpSuffe 1/2 Clearwater FR 33760 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3. The mailing address (if different): 4. Date of incorporation/qualification: March 23, 2012 Document number: Pl200 to 28603 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) Clearwater Professional Brsiness According 15 201 Rossaelt Blvo -Suite 1/2 Clearwater FT 33760 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4. Date of incorporation/qualification: March 23, 2012 Document number: Pl200 00 28603 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) Clearwater Professional Business According 15 201 Rossevelt BlvpSuite 1/2 Clearwater FT 33760 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
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) Clearwater Professional Business According 15 201 Roosavelt Blue - Suite 1/2 Clearwater IT 33.760 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Florida Department of State: (If resigned, enter resigned) Clearwater Professional Brows Accounting 15 201 Roosavelt BlooSuite 1/2 Clearwater FC 33760 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Clearwater 17 33760 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Clearwater 17 33760 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed):
Gables Tax & Accounting, Inc.
1501 S. Le JEUNE RD P.O. BOX NOT acceptable
Miami, FZ 33/34
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 Signature of an officer or director Printed or typed name and lifte
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.
Lolles Tax Shuntry hi 5/10/17 Signature of Registered Agent Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

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