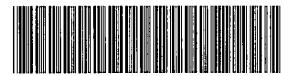
## P22000091979

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	

Office Use Only



600400657856

01/19/23--01009--008 \*\*35.00

2023 JAN 19 KM 10: 51

. 21,23

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CRYSTAL RIVER MINI GOLF INC Name of Corporation	
DOCUMENT NUMBER: P22000091979	
The enclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	
SARAH ARENA Name of Contact Person	
Firm/Company	
1076 N CITRUS AVE	<u></u>
Address	
CRYSTAL RIVER, FL 34428	
City/State and Zip Code	
prinzessarah@hotmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please of	call:
SARAH ARENA	at 609-602-3369
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	tment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

atatamant of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of th	he corporation: CRYSTAL RIVER MINI GOLF INC	
2. The principal of	office address: 1076 N CITRUS AVE CRYSTAL RIVER, FL 34428	<u> </u>
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 01/01/2023 Document number: P22000091979	
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	JASON ARENA	
	1076 N CITRUS AVE	
	CRYSTAL RIVER. FL 34428	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office  SARAH ARENA	
	1076 N CITRUS AVE	
	P.O Box NOT acceptable	لفع
	CRYSTAL RIVER, FL 34428	
The street addre	ess of its registered office and the street address of the business office of its registered ag be identical.	gent.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
_ Cau	Sarah Arena Printed or typed name and title	
I further agree of my duties, ar Accument is he	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perforn nd I am familiar with and accept the obligation of my position as registered agent. Or, is ing filed merely to reflect a change in the registered office address, I hereby confirm that is been notified in writing of this change.	iance f this it the
Sign Sign	gnature of Registered Agent  1 15 2023  Date	
Issigning on be	ehalf of an entity:	
Jason	Typed or Printed Name	

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