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B.A.

TBKULA 9-29-11

COVER LETTER

TO:	Amendme Division o	nt Section f Corporations					
SUBJ	ECT:	Grimail Crawford,					
			Name of Corpor	ation		_	
DOCU	JMENT NU	MBER:	P:990000	091115			
The er	closed State	ment of Change of Re	gistered Office/Age	nt and fee ar	e submitted for	filing.	
Please	return all co	rrespondence concern	ing this matter to th	e following:			
		L	orraine A. Borom	nei, CPA			
			Name of Contact	Person			
			Grimail Crawfor	d, Inc.			
			Firm/Compan	ıy		_	
		4600	West Cypress S	t., Suite 5	50		
		 .	Address			_	
	Tampa, FL 33607 (2007) (2007) (2007)						
			City/State and Zip	Code		_	
			boromei@gc-ind		· ·		
	_	E-mail address: (to	be used for future	annual repo	ort notification)	
For fu	ther informa	tion concerning this n	natter, please call:				
		orraine Boromei	at (813) 38	7-0084 ephone Number	
	Nar	ne of Contact Person		Area Code	& Daytime Tel	ephone Number	
Enclos	ed is a \$35.0	0 check made payable	to the Department	of State.		·	
		Mailing Address Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Amend Divisio Clifton 2661 E	Address: ment Section on of Corporati Building xecutive Centerssee, FL 3230	er Circle	



Engineering • Planning • GIS

September 23, 2011

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

RE:

Grimail Crawford, Inc.

Ref. Number P99000091115

To Whom it May Concern:

Attached please find our corrected statement of change of registered office, per your letter number 211A00021747, along with a copy of that letter. As noted, you have received our check for \$35.00 for the listed address change.

Feel free to contact me if there are any further questions or concerns regarding this matter.

Sincerely,

GRIMAIL CRAWFORD, INC.

auri Giardina

Administrative Assistant

Enclosures



September 20, 2011

LORRAINE A BOROMEI, CPA GRIMAIL CRAWFORD, INC. 4600 W CYPRESS ST STE 550 TAMPA, FL 33607

SUBJECT: GRIMAIL CRAWFORD, INC.

Ref. Number: P99000091115

We have received your document for GRIMAIL CRAWFORD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 211A00021747

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida 8 unge is submitted for a corporation organized under the laws of the State of $\underline{}$ to change its registered office or registered agent, or both, in the State of F	Florida	his 	_
1. The name of	the corporation: Grimail Crawford, Inc.			
2. The principal	office address: 4600 West Cypress Street, Suite 550, Tampa, Fl	L <u>3</u> 3607	, 	
3. The mailing a	address (if different): same			
4. Date of incor	poration/qualification: 10/11/1999 Document number:	P99000	0911 <u>l</u>	5
	d street address of the current registered agent and registered office on file with trument of State: (If resigned, enter resigned)	th the		
	Grimail Crawford, Inc. Levraune Bovonnei, CPA	<u>-</u>		
,	1511 N. Westshore Blvd, Suite 1115	_		
	Tampa, FL 33607	Es	20	
6. The name and (if changed):	Tampa, FL 33607 d street address of the new registered agent (if changed) and /or registered off Grimail Crawford, Inc. 1000	EURETAR LAHASS	II &EP 21	
	Grimail-Crawford, Inc. Lowrine Bovonei, CPA	- Ř. 19.	8 AH	Ш
	4600 West Cypress Street, Suite 550	F1037	λδο 333	0
	P.O. Box NOT acceptable		Cis 4	
	Tampa, FL 33607	_		
The street addr as changed wil	ess of its registered office and the street address of the business office of it l be identical.	ts register	red age	nt,
Such change w authorized by t	as uthorized by resolution duly adopted by its board of directors or by an he board of the corporation has been notified in writing of the change.	officer s	0	
Signati	Lorraine Boromei, Chief O	perating	g Offic	:
I harahy accon	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 con nd I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I here s heen notified in writing of this change.	nplete pe ed agent. by confir	rforma Or, if i m that	nce this the
3 Si	gnature of Registered Agent 9/15/11 Date			
If signing on be	ehalf of an entity:			
7	Syped 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