### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. STEINFELD

Electronic Signature of Signing Officer/Director Detail

#### **Current Principal Place of Business:** 8347 BRIDLEPATH BOCA RATON, FL 33496

## **Current Mailing Address:**

DOCUMENT# J75504

Entity Name: CRICKLEWOOD

8347 BRIDLEPATH BOCA RATON, FL 33496

#### FEI Number: 65-0103900

#### Name and Address of Current Registered Agent:

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

QUINTANILLA, ROSIBEL 8347 BRIDLE PATH BOCA RATON, FL 33496 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PST	Title	D
Name	STEINFELD, MICHAEL A.	Name	QUINTANILLA, ROSIBEL
Address	8347 BRIDLEPATH LN.	Address	8347 BRIDLE PATH
City-State-Zip:	BOCA RATON FL	City-State-Zip:	BOCA RATON FL 33496

Certificate of Status Desired: No

Date

PRESIDENT