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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

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: (800)221-2972 : (888)692-9256

carnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE THE CRESCENT BUILDING CORP.

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T. CARTER

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

rsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tement 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.	
The name of the corporation: THE CRESCENT BUILDING CORP.	
The principal office address: 7882 E. Gray Rd. Suite 5 SCOTTSDALE, AZ 85260-2963	
The mailing address (if different): PO BOX 14166 SCOTTSDALE, AZ 85267	
Date of incorporation/qualification: 08/27/1979 Document number: 633771	
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)	
CT CORPORATION SYSTEM	
1200 S PINE ISLAND RD	
PLANTATION, FL 33324	TAT A
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	LAHAS
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	SE
155 Office Plaza Drive, 1st Fl. P.O. Box NOT acceptable	
TALLAHASSEE, FL 32301	ORI
e street address of its registered office and the street address of the business office of its registered agent, changed will be identical.	DA A
ch change was authorized by resolution duly adopted by its board of directors or by an officer so horized by the board, or the corporation has been notified in writing of the change.	
PROCE & BRUCE R. LIEBERMAN	
Signature of an officer of director Breaby accept the appointment as registered agent and agree to act in this capacity, with the provisions of all statutes relative to the proper and complete reformance of my duties, and I am familiar with and accept the obligation of my position as registered ent. Or, if this document is being filed merely to reflect a change in the registered office address, I reby confirm that the corporation has been notified in writing of this change. 2 - 10 - 20 4	
signing on behalf of an only:	
OSE MOJICA, ASSIT, SECRETARY Typed or Frinzed 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 CR2E045 (03/12)