

845354

FAX NO. 13052201440

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Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

CRISelta INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of OC
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CRISelta INVESTMENTS, INC.
2. The principal office address: 8253 A SW 124 ST
Pinecrest FL 33156
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/27/1980 Document number: 845354

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)

JOSE, ACEVEDO A.
605 IVES DAIRY RD. G-203
MIAMI FL 33179

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

GABRIELA MANZANILLA
8253 A SW 124 STREET
PINECREST FL 33156

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered
agent 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

Printed or typed name and title

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.

[Signature]
Signature of Registered Agent

9-14-09

Date

If signing on behalf of an entity:

Typed 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

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