F08000000867

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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R.A. Charge SEP 2 6 2008

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: CRAWL FOR CANCER, INC. (Name of Corporation	n)			
DOCUMENT NUMBER: F08000000867				
The enclosed Statement of Change of Registered Office/Agent and	nd fee are submitted for filing.			
Please return all correspondence concerning this matter to the following	llowing:			
Janice Null (Name of Contact Person				
(Name of Contact Perso	on)			
Incorp Services, Inc. (Firm/Company)				
375 N. Stephanie St., Suite 1411 (Address)				
Henderson, NV 89014-8909 (City/State and Zip Co	de)			
For further information concerning this matter, please call:				
Janice Null on behalf of Incorp Services, Inc (Name of Contact Person) at (70)	02 866-2500 ext. 2027 rea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of S	State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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 Stat ange is submitted for a corporation organized under the laws of the State of <u>Mi</u> er to change its registered office or registered agent, or both, in the State of Flor	issouri	<i>s</i>	-
1. The name of	the corporation: CRAWL FOR CANCER, INC.			<u></u>
2. The principal	office address: 22052 W 66TH ST SHAWNEE KS 66226			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 02/27/2008 Document number: F0800000	00867		
	d street address of the current registered agent and registered office on file with triment of State:	he		
	INCORP SERVICE, INC.			
	17888 67TH COURT NORTH			
	LOXAHATCHEE FL 33470 US	SEC	8	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETARY	SEP 22	COMMON CO
	Incorp Services, Inc.	E. F. S	₽	
	17888 67th Court North	STA	<u></u>	
	(P.O. Box NOT acceptable) Loxahatchee, FL 33470	IDA AO	0	
as changed wil	ess of its registered office and the street address of the business office of its r			ıt,
			_	_
I hereby accept I further agree of my duties, an document is be	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 completed in the proper and completed in familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby a speen notified in writing of this change.		orman r, if th that th	ce iis he
	ignatural of Registered Agent) Services, Inc. ehalf of an entity:			
Janico Mullio	n behalf of Incorn Services, Inc			

Janice Null on behalf of Incorp Services, Inc.

(Typed or Printed Name)

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