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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)705-7274

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

Email	Address:				

REGISTERED AGENT CHANGE CRYSTAL FUSION TECHNOLOGIES, INC.

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COVER LETTER

TO: Amendment Section

Division of Corporations

CRYSTAL FUSION TECHNOLOGIES, INC.

SUBJECT: Name of Corporation

DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia Richards	2024 AUG
Name of Contact Person	ALI .
Registered Agent Solutions, Inc.	1
Firm/Company	· · · · · · · · · · · · · · · · · · ·
Corporate Center One, 5301 Southwest Pkwy, Stc 400	
Address	. со
Austin, Texas 78735	
City/State and Zip Code	gg) 🛶
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alicia Dicharda	

Alicia Richards Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502 ange is submitted for a corporate or to change its registered office	tion organized ur	ider the la	ws of the State o	New Yor	
2. The principal	the corporation: CRYSTA office address: 185 W M NHURST, NY 117	ONTAUK			GIES, II	<u>1C.</u>
	address (if different): $\frac{P.O.E}{6/29}$		Ocument	ST BABYL number: F09	<u>-ON, NY</u> 0000026	<u>′ 117</u> 04 305_
5. The name and	d street address of the current re rtment of State: (1f resigned, ent	gistered agent ar ter resigned)	d register	ed office on file		
	REGISTERED 7901 4TH ST N STE 30		151	NC		
	ST. PETERSBURG		FL	33702		2024 AUG
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.						- ;
	2894 Remington G	reen Ln. S	ite. A	1		₹ C
	Tallahassee	P.O. Box NOT ac	323	08		8: 47
The street address changed will	ess of its registered office and be identical.	the street addres	s of the b	usiness office of	its registered	agent,
Such change wa authorized by th	as authorized by resolution dul he board, or the corporation ha	y adopted by its s been notified i	board of n writing	directors or by a of the change.	in officer so	
	Wanderon re of an officer or director	Anto		anderon led or typed name and	Preside	nt_
I further agree of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of I am familiar with and accep ing filed merely to reflect a cha s been notified in writing of thi	of all statutes rei ot the obligation mee in the regis	to act in lative to ti of my pos tered offic	this capacity, he proper and co sition as register ce address, I her	omplete perfor red agent. Or reby confirm to	rmance ; if this hat the
М	ملك رومه	08	/01/20	024		
_	nature of Registered Agent			Date		
If signing on be	chalf of an entity:					
	cr. Assistant Secretary Speed or Printed Name					
•		LING FEE: \$35	5.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)