

4/21/22, 11:12 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIEHL, GORDEN, PLLC

Account Number : 072720000266

Phone : (941)366-4800

Fax Number : (941)552-7141

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

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SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE

CRAZY PAPA'S, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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H22000144591 3

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CRAZY PAPA'S, INC.
2. The principal office address: Crazy Papa's, Inc., 10 Sarasota Center Blvd., Sarasota, FL 34240-9770
3. The mailing address (if different): 10 Sarasota Center Blvd., Sarasota, FL 34240-9770
4. Date of incorporation/qualification: 01/24/1986 Document number: 1196547
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)
ALAN M. ELWELL/CRAZY PAPA'S, INC.
10 SARASOTA CENTER BLVD.
SARASOTA, FL 34240-9770

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CROSS STREET CORPORATE SERVICES, LLC
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236
P.O. Box NOT acceptable

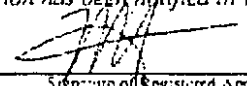
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ALAN M. ELWELL, As its President
 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 of Registered Agent

4-21-2022
 Date

If signing on behalf of an entity:

MICHAEL J. WILSON, As its Vice President
 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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