

MO3000002140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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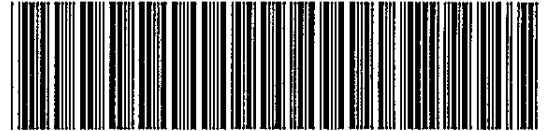
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2006 APR-4 AM 11:21

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J. BRYAN MAR 20 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRISTAL CREDIT INTERNATIONAL  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN FRANÇOIS JARD  
(Name of Person)

CRISTAL CREDIT INTERNATIONAL  
(Firm/Company)

100 N BISCAYNE BOULEVARD SUITE 500  
(Address)

MIAMI, FLORIDA 33132  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JEAN FRANÇOIS JARD at (305) 523 2322  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

*(X) Already paid please send 10\$ back (35 USD paid)*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2006

JEAN FRANCOIS JARD  
CRISTAL CREDIT INTERNATIONAL LLC  
100 N BISCAYNE BOULEVARD SUITE 500  
MIAMI, FL 33132

SUBJECT: CRISTAL CREDIT INTERNATIONAL LLC  
Ref. Number: M03000002140

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2006 APR -14 AM 11:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for CRISTAL CREDIT INTERNATIONAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 406A00018769

35 USD paid - please send the 10 USD back

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: CRISTAL credit international
2. The mailing address of the limited liability company is: 100 N Biscayne Boulevard  
Suite 500, MIAMI FL 33132
3. Date of filing/registration in Florida 06/24/2003
4. Document number MO300022140

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name  
1200 Pine Island  
Address  
Pompanon FL 33324  
City, State and Zip

6. The name and address of the new registered agent and/or office:

JEAN FRANCOIS JARD  
Name  
5600 Collins Avenue #667  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33140  
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

JFTARD  
(Printed or typed name of signer)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00