N04000002362

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T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

NOCUMENT NUMBER: NO400002362

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:

Name of Contact Person Firm/Company 7009 Hollowell Drive Address Tampa, FL 33634 City/State and Zip Code

mattsherrie@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Martin

Name of Contact Person

at (813) 5085388

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

- · · · 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.
1. The name of the corporation: CI+rus PArk LACROSSE INC.
2. The principal office address: 4409 W. Anito Blwd, Tampa, Fl 33611
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/1/2004 Document number: NOY00002362
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)
Bryan Martin
4409 W. Anita Blud = = =
1409 W. ANITA Blud Tompo, FL 33011 6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are changed agent (if changed) and /or registered agent (if changed) are changed agent (if changed) are chan
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MAH Newmaki
7009 Hollowell Drive
Tampa, FC 33634
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.
Bryan Martin Brignature of an officer of 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.
X Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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