

N11 DDDDD10738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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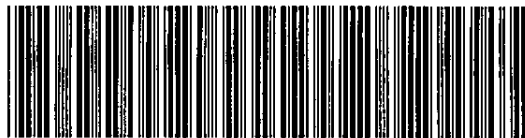
(Business Entity Name)

(Document Number)

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AUG 10 2015
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Save Crystal River, Inc.**

Name of Corporation

DOCUMENT NUMBER: **N11000010738**

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:

Silvia Grillo

Name of Contact Person

Save Crystal River, Inc.

Firm/Company

PO Box 2258

Address

Crystal River, FL 34423

City/State and Zip Code

SaveCrystalRiver@gmail.com

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

For further information concerning this matter, please call:

Silvia Grillo

Name of Contact Person

at (**352**) **302-6971**

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

1. The name of the corporation: Save Crystal River, Inc.
2. The principal office address: 555 SW Kings Bay Dr, Crystal River, FL 34429

3. The mailing address (if different): PO Box 2258, Crystal River, FL 34423

4. Date of incorporation/qualification: 11/16/2011 Document number: N11000010738

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)

C. R. Mercer

209 SE Paradise Point Road

Crystal River, FL 34429

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Silvia Grillo

555 SW Kings Bay Drive

P.O. Box NOT acceptable

Crystal River, FL 34429

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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

Lisa Moore, 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

07-30-15

Date

If signing on behalf of an entity:

Silvia Grillo

Typed or Printed Name

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