## N980000081

(Requestor's Name)	
(Address)	
(Address)	
(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
	<u>.                                    </u>
(Docu	ument Number)
Certified Copies	Certificates of Status <u>***</u>
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Special Instructions to Fi	ling Officer:
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE FLORIDA

RARD Ch8

## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CRANWELL HOUSE ASSOCIATION
DOCUMENT NUMBER: N 98 DDDDD 8 INC
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 Appointion Inc
54 Dele Address
Fort Laudocdale, F/ 3330
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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

Area Code & Daytime Telephone Number



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2009

CATHERINE ROZE 54 ISLE OF VENICE FORT LAUDERDALE, FL 33301

SUBJECT: CRANWELL HOUSE ASSOCIATION, INC.

Ref. Number: N98000000081

We have received your document for CRANWELL HOUSE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 109A00031754

## 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 FLORIVIT
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CRANWELL HOUSE Association
2. The principal office address: 54 Osle of tonice - Suito 5
Foot laudordale, FZ 3330)
3. The mailing address (if different):
Samo as above
4. Date of incorporation/qualification: 117/98 Document number: N98000008(
5. The name and street address of the current registered agent and registered office on file with the
Tramaso Viole - Tudiox and Vigne "
800 Fact Breaward Blud, Ste
Fort budgetdale FL 710
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
thie CHINELHAZ
54 Isle of Vonice #5 8 SEE
Fort Landordale F 3330 = 755
The street address of its registered office and the street address of the business office of its registered agence 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.
CHOOLING ROZE Apprident
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.
Sympheric of Regulatered Agent September 21, 2009
If signing on behalf of an entity:
Unid Chmielatz
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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