# PD00000 114248

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only

611-524.



300339879643

02/04/20--01009--011 \*\*35.00

2020 C. 31 PH 3: 45

C GOLDEN AFR - 1 2020

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Broken Carlos

NAME OF CORPOR	RATION: CRESCENT BUSI	NESS SERVICES, INC.	
DOCUMENT NUMI	BER: P00000114248		<del></del>
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RICKY FERRELL		
		Name of Contact Person	n
	CRESCENT BUSINESS SE	RVICES INC	
		Firm/ Company	
	3149 N PONCE DE LEON E	BLVD	
		Address	
	ST AUGUSTINE FL 32084		
		City/ State and Zip Cod	e
RICK	FERRELL@CRESCENT-B	IZ.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
RICKY FERRELL		at (	601-6906
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415	Address  Idment Section on of Corporations Identry of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2020

RICKY FERRELL \*\*\*2ND MAILING\*\*\*
3149-2 N. PONCE DE LEON BLVD.
SUITE #2
ST. AUGUSTINE, FL 32084

SUBJECT: CRESCENT BUSINESS SERVICES, INC.

Ref. Number: P00000114248

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

You can check only one (1) box regarding the adoption of amendment.

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) 245-6050.

Letter Number: 820A00004847

Claretha Golden Regulatory Specialist II

www.sunbiz.org



2020 H.1 2 1 7 11 2:38

Letter Number: 820A00004847

# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2020

RICKY FERRELL 3149 N PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084

SUBJECT: CRESCENT BUSINESS SERVICES, INC.

Ref. Number: P00000114248

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

You can check only one (1) box regarding the adoption of amendment.

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) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

#### Articles of Amendment to Articles of Incorporation of

CDECCENT	DUCINECS	CEDVICES	INC

(Name o	of Corporation as current	ly filed with the Florida Dept. of State) 31 11 3: 48
P00000114248		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address,		
(Principal office address MUST BE A S	TREET ADDRESS )	
C. Enter new mailing address, if appl		
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u> )	
		<del></del>
D. If amending the registered agent an	nd/or registered office add	tress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	RICKY FERRELL	
the of the negatives tigen	3149-2 N. PONCE DE LI	EON BLVD.
		reet address)
N. D 100 All	ST. AUGUSTINE	, Florida 32084
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	t: with and accept the obligations of the position.
Thereby accept the appointment as regist		with that Leept the configurations of the position.
	Signature of New I	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,

ample: _Change	<u>PT</u>	John Doe	
Remove	<u>V</u>	Mike Jones	
<u>C</u> Add	<u>sv</u>	Sally Smith	
ype of Action Check One)	<u>Title</u>	Name	Address
Change	PC	JEANNETTE JAMES	31 FLORIDA AVE
Add			ST. AUGUSTINE, FL 32084
X Remove X Change	РC	RICKY FERRELL	31 FLORIDA AVE
Change Add			ST. AUGUSTINE, FL 32084
Remove	VSTD	ELIZAIDA GALARZA-FERRELL	31 FLORIDA AVE
X Add			ST. AUGUSTINE, FL 32084
Remove			
Change			
Add			<u> </u>
Remove			
Add			
Remove			
Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change	<u>(s) he</u>	ere:
--	---------------	------

(Attach additional sheets, if necessary). (Be specific)

		<del>.</del>
		<del> </del>
<del></del>		
provisions (if not	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:  applicable, indicate N/A) ent is now Deceased. All shares held by President are hereby reallocated to the new President and CE	o
Ricky Ferrell.	In the event the President should become incapacitated or expire, all shares (100) will go to the Vice	
President, Eliz	aida-Galarza Ferrell.	
	Page 3 of 4	
The date of ea date this docum	ch amendment(s) adoption:nent was signed.	it other than the
Effective date	if applicable: (no more than 90 days after amendment file date)	<del></del>

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.  The amendment(s) was/were a action was not required.  Dated  Signature  (By a	opted by the board of directors without shareholder action and shareholder  opted by the incorporators without shareholder action and shareholder  Lived or president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	RICKY FERRELL
	(Typed or printed name of person signing)
	President CEO
	(Title of person signing)