P01000016185

CR2E031(7/97)

Requester's Name		_	
Address			
Cit Flow, Rashed Mahmud 1771 Summer Br Sarasota, FL 342	reeze way 232-2905 HENT NUMBER(S). (1	Office Use Only	
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Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	ship	· <u>·</u> · · · · · · · · · · · · · · · · ·
		Examiner's Initials	

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, the undersigned corporation organized under the laws of the State ofFlorida C
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 corporation: CREST WIND, INCORPORATED
1. The name of the corporation:
2. The mailing address of the corporation: 1771 SUMMER BREEZE WAY SARASOTA, FL 34232-2905
3. Date of incorporation/qualification: 02/12/2001 Document number: P01000016185
4. The name and address of the current registered agent and office: New Address: New Address:
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable) RASHED MAHMUD
1771 SUMMER BREEGE WAY
SARASOTA, FL 34232-2905
Tel/Fox: 941-342-8218 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.
Rashel plasmal 07/02/2001
RASHED MAHMUD - (VP-operation)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Raped National 07/02/01 = =
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 *** REAL 55
CR2E045(9/00)
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314