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Crusader Capital Corp. 4446 Hendricks Avenue #104 Jacksonville, FL 32207
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(Address)
· i
(City/State/Zip/Phone #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Crusader Capital Corporation (Name of corporation)
DOCUMENT NUMBER: POLOGO 64058
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:
Constance C. Vaughan (Name of person)
(Name of person) Crusader Capital Corp. (Name of firm/company) 804 Alhambra Drive S. (Address)
804 Alhambra Drive S. (Address) (Address)
Jacksonville, Fr. 32207 (City/state and zip code)
For further information concerning this matter, please call:
Constance Vaustian at (904) 858-3555 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of se	ections 607.0	1502, 617.0502,	607.1508, or 6	31 7.1508, .	Florida Sta	tutes,
this statement of	^c change is submi	itted for a con	rporation organi	ized under the l	aws of the	State of	
Florida	in order to	change its	registered office	or registered a	agent, or i	both, in the	State
of Florida.				_			
1. The name of t	he corporation:_	Crusa	der Cap	ital Con	porat	un	<u> </u>
 The name of t The principal 						#104	
		<u> Vouckso</u>	wille, +	4 3220	7		
3. The mailing a	ddress (if differe	nt):	······································		_		
4. Date of incorp	ooration/qualifica	ntion: 6/2	20/01	_Document nu	mber: 🔑	01000	564058
	l street address o tment of State:	f the current	registered agent	and registered o	office on f	ile with the	
	Const	anno C	Vaustres	1		F: 03	
	1/011	SED	Vaugher Street	•			
						- 芸二	, <u>T</u>
1.	FOA	Louder	dale, FL	3331 <u>6</u>		- SSS	- { m
6 The name an	d street address	of the new	rogistored agent	(if changed) a	nd for roo	⊒⊓j Hobertoire	E C
changed):			c. Vau	1	nu /or reg	` `	လူ ကို (m =
-			nbra Dri			_ _ ≯,	
-		(P.O. Box or pe	rsonal mailbox NOT ac	ceptable)	•		
_	Ja	CKSOWII	Ile, FL 3	30004		_	
The street addre							
Such change wa authorized by the	s authorized by e board, or the o	resolution du corporation h					
	au co	and of the hound.	Dav	id S.W.		an, Ki	endent
-	the appointment to comply with the appointment to comply with the law duties, and letter of the confirmation to the confirmation of the confirmati	t as registere	ed agent and agr s of all statutes t with and accep ing filed merely t poration has be	ree to act in thi. relative to the p t the obligation to reflect a cha en notified in w	s canacity	, i complete sition as registered his change.	
C'am de						<i>3</i>	
(SI	gnature of Registered A	gent	· · · · · · · · · · · · · · · · · · ·	9-30-			
If signing on behalf	f of an entity:						
T	yped or Printed Name)	/		(Capaci	ity)		-

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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