

P02000077161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

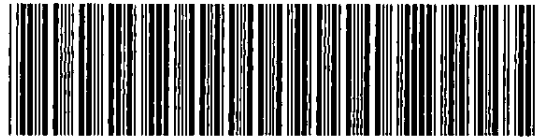
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SANFORD N. REINHARD, P. A.

ATTORNEY AT LAW  
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SUITE 404  
AVENTURA, FLORIDA 33180

MIAMI  
(305) 932-7555  
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(305) 935-5671  
E-MAIL  
sanrein@bellsouth.net

October 7, 2008

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed you will find payment for Statement of Change of Registered Office or Registered Agent filing fees. If you have any questions or concerns please do not hesitate to contact us at the number above.

Thank you.

Heidi Lequerique

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

1. The name of the corporation: CRISPIN, INC.  
2. The principal office address: 8360 W. Flagler Street Ste. 200  
Miami, FL 33144  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 16, 2002 Document number: P02000077161  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Aron Ostrowiecki  
8360 W. Flagler Street Ste. 200  
Miami, FL 33144

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

Luis Rios  
8360 W. Flagler Street Ste. 200  
(P.O. Box NOT acceptable)  
Miami, FL 33144

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)

\_\_\_\_\_  
(Printed or typed name and title)

Carlos Orlando Blanco

*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)  
LUIS RIOS

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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