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DIVISION OF CCAPCRATION

11 JUN 10 AM 9: 56

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COVER LETTER

Division of Co	rporations					
SUBJECT:	Crown Services Of Palm Beach Inc. Name of Corporation					
DOCUMENT NUMB	er:P030	000071964				
	t of Change of Registered Office	e/Agent and fee are submi	tted for filing.			
	condence concerning this matter					
_	John C Name of Co					
	Name of Co.	maet i cison				
	Firm/Company					
13315 24th Ct. N						
	Add	ress				
	Loxahatche City/State ar					
	bigcat2057(nail address: (to be used for f	@aol.com	fication)			
E-1)	nan address: (to be used for i	uture aimuai report nom	neation)			
For further information	concerning this matter, please	eall:				
Jo	ohn Corona	at (561)	602-7218			
Name o	f Contact Person	Area Code & Dayti	602-7218 me Telephone Number			
Enclosed is a \$35.00 ch	neck made payable to the Depart	tment of State.				
	Mailing Address: Amendment Section Division of Corporations	Street Address Amendment So Division of Co	ection orporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildin	ng ve Center Circle			
	rananassee, FL 32314	Zoor Executiv				

TO:

Amendment Section

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

statement of cha	ange is submitted for a co	orporation organized	107.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stat	te of Florida
	the corporation: Crow			
2. The principal	office address: 13315	24th Ct. N.	· · · · · · · · · · · · · · · · · · ·	
Loxahatch	ee Fl. 33470			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	06/30/2003	Document number:	P03000071964
	I street address of the cur trent of State: (If resign		and registered office on fi	ile with the
	Sylvia G. Corona			
	13315 24th Ct. N.			
	Loxahatchee Fl. 33	3470		
6. The name and (if changed):	I street address of the nev	w registered agent (it	changed) and /or registere	ed office
	John J. Corona			
	13315 24th Ct. N.			AH 9:
	Loxahatchee Fl. 33	P.O. Box NOT acco	eptable	56
The street addre as changed will	ess of its registered office be identical.	e and the street add	ress of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resoluti ne board, or the corporat	ion duly adopted by tion has been notific	its board of directors or led in writing of the chang	by an officer so e.
•	e or an orncer or affector		Sylvia G. Coror	e and title
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as region comply with the provided I am familiar with and filed merely to reflect been notified in writing	istered agent and ag isions of all statutes d accept the obligat t a change in the re g of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, 1	y d complete performance stered agent. Or, if this hereby confirm that the
feli	I Corone		6/7/3	2011
If cioning an hal	partie of Registered Agent		/ Date	
11 signing on be	half of an entity:			
Ту	ped or Printed Name			

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