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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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14 MAR 17 PM 3:35

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
CRISAFI SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

RA/RO change *RE-SUBMIT*

Please note: Original filing date of submission 3/14

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MAR 18 2014

T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crisafi Services, Inc.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Estate of Patsy J. Crisafi, Deceased
c/o Watson Mundorff Brooks & Sepic, LLP
Name of Person

Crisafi Services, Inc.
Firm/Company

720 Vanderbilt Road
Address

Connellsville, PA 15425-6218
City/State and Zip Code

lmudo@wmblaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa at (724) 626-8882
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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: Crisafi Services, Inc.

2. The principal office address: Watson Mundorff Brooks & Sepic, LLP, Attorneys for Estate of Patsy J. Crisafi, Deceased, 720 Vanderbilt Road, Connellsville, PA 15425

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/15/2003 Document number: P03000089872

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CRISAFI, DECEASED, ESTATE OF PATSY J

6508 County Road 208

ST. AUGUSTINE, FL 32092

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

CT Corporation Systyem

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Lisa M Winder P.S. — Signature of an officer or director

Lisa M Winder P.S. — Printed or typed name and title

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.

Maria T. Chambers — Signature of Registered Agent

Maria T. Chambers
Special Assistant Secretary — Title

3/14/14 — Date

If signing on behalf of an entity:

CT Corporation System
Typed or Printed Name

FILED
14 MAR 14 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*** FILING FEE: $35.00 ***

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

CR2E045 (03/12)