

P05000155660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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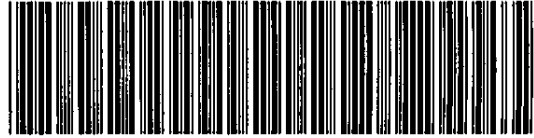
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **CONE CRAZY INC**

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** **P05000155660**

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:

**NANCY NORTMANN**

\_\_\_\_\_  
Name of Contact Person

**CONE CRAZY INC**

\_\_\_\_\_  
Firm/Company

**6019 SW 19 ST**

\_\_\_\_\_  
Address

**MIRAMAR, FL 33023**

\_\_\_\_\_  
City/State and Zip Code

**DQNANCY65@BELLSOUTH.NET**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**NANCY NORTMANN**

\_\_\_\_\_  
Name of Contact Person

at ( **954** ) **270-8475**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: CONE CRAZY, INC.
2. The principal office address: 6019 SW 19 ST MIRAMAR, FL 33023
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: NOV 23, 2005 Document number: P05000155660

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)

RICHARD G OLYMPIO

1931 NW 86 AVE

PEMBROKE PINES, FL 33024      RESIGNED

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

NANCY D NORTMANN

6019 SW 19 ST

P.O. Box NOT acceptable

MIRAMAR, FL 33023

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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.

Nancy Nortmann  
Signature of an officer or director

NANCY D NORTMANN

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.*

Nancy Nortmann  
Signature of Registered Agent

AUGUST 12, 2016

Date

If signing on behalf of an entity:

CONE CRAZY INC

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  
CR2E045 (03/12)