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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 JUN 29 PM 2:06

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T CANNON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN 29 PM 1:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 9, 2015

ROBERT W CRISPIN
CRISPIN SPECIAL INVESTIGATIONS, INC.
17 NE 4TH STREET
FORT LAUDERDALE, FL 33301 US

SUBJECT: CRISPIN SPECIAL INVESTIGATIONS, INC.
Ref. Number: P05000160019

We have received your document for CRISPIN SPECIAL INVESTIGATIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 215A00012091

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crispin Special Investigations, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000160019

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:

Robert W. Crispin
Name of Contact Person

Crispin Special Investigations, Inc.
Firm/Company

17 NE 4th Street
Address

Fort Lauderdale FL 33301
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Crispin at (954) 767-2007
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Crispin Special Investigations, Inc.
2. The principal office address: 17 NE 4th Street
Fort Lauderdale, FL 33301
3. The mailing address (if different): " "
4. Date of incorporation/qualification: 12/06/2005 Document number: P05000160019

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)

Robert W. Crispin
707 NE 3rd Ave, Ste 101
Fort Lauderdale, FL 33304

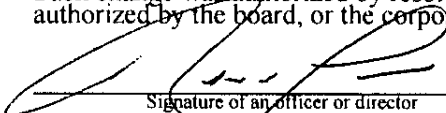
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert W. Crispin
17 NE 4th Street
Fort Lauderdale, FL 33301

P.O. Box NOT acceptable

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.

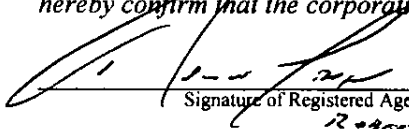


Signature of an officer or director

Robert W. Crispin Private Investigator

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.



Signature of Registered Agent
Robert W. Crispin

5.20.15

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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TALLAHASSEE, FLORIDA
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