

PO6000025674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

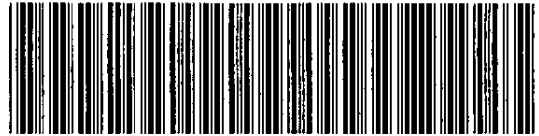
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2009 JUL 20 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
C. H. H. H.  
S. J.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crosswell International Disc Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P06000025674

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:

Hector Lans  
Name of Contact Person

Crosswell International Disc Corporation  
Firm/Company

101 Madeira Avenue  
Address

Coral Gables, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Teresita Calderon at (305) 648 0777 x116  
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: Crosswell International Disc Corporation  
2. The principal office address: 101 Madeira Avenue  
Coral Gables, FL 33134  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2-20-2006 Document number: P06000025674

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)

Hector Lans  
9100 Arvida Drive  
Coral Gables, FL 33156

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

Hector Lans  
101 Madeira Avenue  
P.O. Box NOT acceptable  
Coral Gables, FL 33134

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

Hector Lans Pres.  
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

7-14-09  
Date

If signing on behalf of an entity:

Hector Lans  
Typed or Printed Name

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