

PO8000000925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

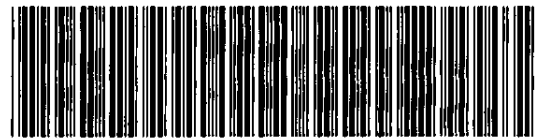
(Business Entity Name)

(Document Number)

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FBI

APPROVED

PO 11/18/10  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CR Surf Travel Company  
Name of Corporation

**DOCUMENT NUMBER:** P08000000925

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:

Gregory Gordon  
Name of Contact Person

CR Surf Travel Company  
Firm/Company

734 Wesley Way  
Address

Oakland, CA 94610  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gregory Gordon at ( 321 ) 890-5761  
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

RECEIVED  
10 NOV 15 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2010

GREGORY GORDON  
734 WESLEY WAY  
OAKLAND, CA 94610

SUBJECT: CR SURF TRAVEL COMPANY  
Ref. Number: P08000000925

We have received your document for CR SURF TRAVEL COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 010A00023741

**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: CR Surf Travel Company
2. The principal office address: 50 South Shore Dr. #8, Miami Beach, FL 33141
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Jan 2008 Document number: P08000000925
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)

Gregory Gordon

50 South Shore Dr. #8

Miami Beach, FL 33141

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

Gregory Gordon

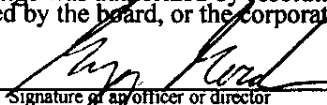
1800 South Orlando Ave. #18

P.O. Box NOT acceptable

Cocoa Beach, FL 32931

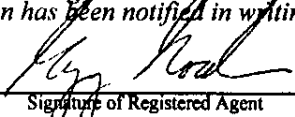
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Gregory Gordon  
\_\_\_\_\_  
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

11/8/10  
\_\_\_\_\_  
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  
CR2E045 (8/05)