

PO80000018835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

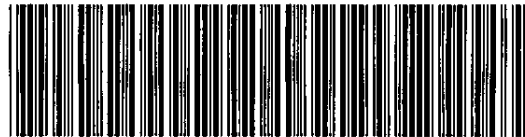
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800290836748

10/03/16--01036--001 **35.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 OCT 25 PM 3:17

FILED

Rolch

OCT 26 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crown Collections, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000018835

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:

Denise Cronwall
Name of Contact Person

Crown Collections, Inc.
Firm/Company

2333 Brickell Ave 1801
Address

Miami, FL 33129
City/State and Zip Code

max.cronwall@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Cronwall at (305) 987-3522
Name of Contact Person Area Code & Daytime Telephone Number

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

16 OCT 25 AM 11:47
CR2E045 (03/12)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

CARL CRONWELL
CROWN COLLECTIONS INC
2333 BRICKELL AVE #1801
MIAMI, FL 33129

SUBJECT: CROWN COLLECTIONS INC.
Ref. Number: P08000018835

We have received your document for CROWN COLLECTIONS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new registered agent and that agent must sign the document accepting designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 916A00021638

**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: Crown Collections, Inc.
2. The principal office address: 3816 SW 8th St. Coral Gables, FL 33134
3. The mailing address (if different): 2333 Brickell Ave. #1801
Miami, FL 33129
4. Date of incorporation/qualification: 02/2008 Document number: P08000018835
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)

Denise Cronwall
2333 Brickell Ave. Suite 1801
Miami, FL 33129

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

7251 NE 2nd Ave. Miami, FL 33138

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

Denise Cronwall / Founder & President
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

10/20/16
Date

If signing on behalf of an entity:

Crown Collections, 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)