## P09000011641

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STRICTED OF CORPORATION

APR 2 6 2016

C LEWIS

## COVER LÊTTER

TO:	Amendment Section Division of Corporat		<u>.</u>			
SURI	JECT:	Crucial Tecl	ns, Inc.			
500	EC1.	Name of Cor	poration			
DOC	UMENT NUMBER:_	P0900001	1641			
The e	nclosed Statement of C	hange of Registered Office/	Agent and fee are submitted for filing.			
Please	e return all corresponde	nce concerning this matter t	o the following:			
		James L. N	lorris (			
	Name of Contact Person					
Crucial Techs, Inc.						
Firm/Company						
	609 Samana Way					
		Addre	SS .			
	Niceville, FL 32578					
	City/State and Zip Code					
	morris01@gmail.com					
	E-mail a	ddress: (to be used for fut	ure annual report notification)			
For fi	urther information conc	erning this matter, please ca	11:			
	James L. N	forris	at ( 740 ) 403-0367			
	Name of Con	tact Person	Area Code & Daytime Telephone Number			
Enclo	sed is a \$35.00 check n	nade payable to the Departm	ent of State.			
	<u>Mai</u> Ame	ling Address: endment Section	Street Address: Amendment Section			
		sion of Corporations	Division of Corporations			
		Box 6327	Clifton Building			
	Tall	ahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for	is 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute a corporation organized under the laws of the State of <mark>Flo</mark> tered office or registered agent, or both, in the State of Florida	rida		
1. The name of the corporation:	Crucial Techs, Inc.			
2. The principal office address: 609 Samana Way				
	Niceville, FL 32578			
3. The mailing address (if different):				
4. Date of incorporation/qualificatio	n: 02/06/2009 Document number: P090000	)11641		
5. The name and street address of the Florida Department of State: (If re	e current registered agent and registered office on file with the esigned, enter resigned)			
	James L. Morris			
	MORRIS, JAMES L - 4892 CRABAPPLE AVE NORTH PORT, FL 34287	<b>15</b>		
6. The name and street address of the (if changed):	e new registered agent (if changed) and /or registered office  James L. Morris	RPR 25 AM		
·	609 Samana Way	**************************************		
<del></del>	P.O. Box NOT acceptable	<b>₩</b> 6		
	Niceville, FL 32578			
The street address of its registered cas changed will be identical.	office and the street address of the business office of its regist	tered agent,		
Such change was authorized by rescauthorized by the board, or the corp	plution duly adopted by its board of directors or by an officer oration has been notified in writing of the change.	so		
1 / / / / / / / / / / / / / / / / / / /	James L. Morris, President			
Signature of an officer or director	Printed or typed name and title			
I further agree/to comply with the p performance of my duties, and I am agent. Or, if this document is heing	registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as reg filed merely to reflect a change in the registered office addre has been notified in writing of this change.	gistered ess, I		
/ \ W	22 April 2016			
Signature of Registered Agent If signing on behalf of an entity:	Date			

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