P09000045775

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

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Croon, Inc. Name of Corporation

DOCUMENT NUMBER: P09000045775

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:

Marina Barturen, Esquire Name of Contact Person

The Law Offices of Marina Barturen Firm/Company

100 S.E. 2nd Street, Suite 2610 Address

Miami, Florida 33131 City/State and Zip Code

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

For further information concerning this matter, please call:

Marina Barturen, Esquire	at (305)	423-3500
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

CR2E045 (8/05)

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

1. The name of the corporation: Croon, Inc.

2. The principal office address: 3081 S.W. 156th Avenue, Miami, Florida 33185

3. The mailing address (if different): 3081 S.W. 156th Avenue, Miami, Florida 33185

4. Date of incorporation/qualification: 05/22/2009 Document number: P09000045775

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)

Optimum Tax Services, Inc.

3081 S.W. 156th Avenue

Miami, Florida 33185

6. The name and street address of the new registered agent (if changed) and /or registered offier 2

Marina Barturen, Esquire

100 S.E. 2nd Street, Suite 2610

P.O. Box NOT acceptable

Miami, Florida 33131

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.

Nicola Fanelli, Director ignature of an office Printed or typed name and title

Thereby 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

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)