## P09000083 518

(R	requestor's Name)		
(A	ddress)	<del></del> -	
(A	address)		
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

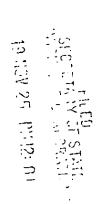
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RA Change

D CUCHING

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Crucial Coffee Cafe

Name of Corporation

DOCUMENT NUMBER:\_\_

P09000083518

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:

Greg McMillan

Name of Contact Person

Crucial Coffee Cafe

Firm/Company

26 Charlotte St.

Address

St. Augustine, FL 32084

City/State and Zip Code

allsaintsorganic@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg McMillan

904

501-5372

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

statement of cha	ange is submitted for a corporate	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	_
	the corporation: Crucial Cof		
2. The principal	l office address: 26 Charlotte	e St., St. Augustine, FL 32084	
3. The mailing a	address (if different): 6310 G	omez Rd., St. Augustine, FL 32080	
4. Date of incor	rporation/qualification: 2009	Document number: P090000	835
5. The name an		gistered agent and registered office on file with the er resigned)	
	Wendy Relph (Decea	sed, Oct. 17, 2019)	
	6310 Gomez Rd.		
	St. Augustine, FL 320	080	
6. The name an (if changed):		tered agent (if changed) and /or registered office	
	Greg C. McMillan		
	6310 Gomez Rd.		(元 <u>計</u> (元_
		O. Box NOT acceptable	
The street addr	ress of its registered office and t	the street address of the business office of its registered ag	ent,
Such change wanthorzed by	ras authorized by resolution dulithe board or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
Slepen	aire of the other or director	Via Printed or typed flame and title	_
– I further agrée – verformance o	to comply with the provisions of f my duties, and I am familiar w	agent and agree to act in this capacity.  of all statutes relative to the proper and complete  with and accept the obligation of my position as registered  ely to reflect a change in the registered office address, I  notified in writing of this change.	
fill	M	11/21/19	
//	gnature of Registered Agent	Date	
It signing on be	ehalf of an entity:		
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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