

Division of Corporations

Page 1 of 2

P11000054090

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MARCELL FELIPE, P.A.
Account Number : I20110000064
Phone : (305) 381-8500
Fax Number : (305) 381-6225

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nmunoz@marcellfelipe.com

**REGISTERED AGENT CHANGE
CRISTAL HOLDINGS INC.**

Certificate of Status	0
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T. CARTER

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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: CRISTAL HOLDINGS INC.
 2. The principal office address: 2688 PALMER PLACE WESTON, FL 33332

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/08/2011 Document number: P11000054090

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)

CORPORATE MAINTENANCE SERVICES, LLC

1000 BRICKELL AVE STE 215

MIAMI, FL 33131

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

Marcell Felipe Attorneys

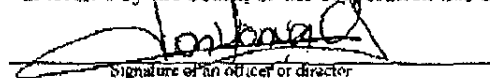
1001 Brickell Bay Dr., Suite 1800

P.O. Box NOT acceptable

Miami, FL 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.

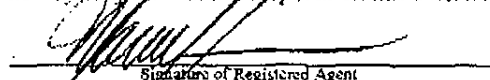
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

Juan Manuel Gonzalez

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

01/21/2015

Date

If signing on behalf of an entity:

Marcell Felipe, Esq.

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
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