

P15000616908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

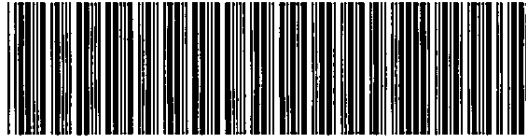
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 19 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AHD
FILED

15 MAR 2015
T. LEAHUX

enitia corporation

EMPOWERING AMERICA'S ENTREPRENEURS

enitia corporation

p.o. box 495

dexter, mi 48130

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 9, 2015

Re: Crowl's Crab House Inc.

Dear Sir or Madam:

Enitia Corporation has been authorized by MARTIN CROWL to file the enclosed Articles for Crowl's Crab House Inc..

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$8.75 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin
Enitia Corporation

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crowl's Crab House Inc.
Name of Corporation

P15000016908

DOCUMENT NUMBER: _____

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:

Edward Stahlin

Name of Contact Person

Direct Incorporation

Firm/Company

123 N. Ashley St. Ste. 123

Address

Ann Arbor, MI 48104

City/State and Zip Code

documents@directincorporation.com

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

For further information concerning this matter, please call:

Edward Stahlin

877

281-6496

at (_____) _____

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**

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: Crowl's Crab House Inc.
2. The principal office address: 5116 E 20th AVENUE, TAMPA, FL 33619
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/19/2015 Document number: P15000016908

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)

MARTIN J. CROWL

5116 N 20th AVENUE

TAMPA, FL 33619

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

MARTIN J. CROWL

5116 E 20th AVENUE

TAMPA, FL 33619

P.O. Box NOT acceptable

15 MAR 19 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

Martin J. Crowl, Director

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

3/2/15
Date

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 (03/12)