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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Crafts Consulting Inc

Name of Corporation

P1600048385

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:

Stefania Nader

Name of Contact Person

Crafts Consulting Inc

Firm/Company

151 SE 1st St Unit 810

Address

Miami, FL 33131

City/State and Zip Code

nianader@gmail.com

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

For further information concerning this matter, please call:

Stefania Nader

,786 \2197856

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   | provisions of sections 607.0502, 6<br>nge is submitted for a corporation<br>r to change its registered office on   | n organized ur   | nder the laws of the S   | State of Florida  | his<br>——          |
|--|--|--|--|---|--------------------|
| 1. The name of t   | he corporation: Crafts Consu   | ulting Inc   |  |   |                    |
| 2. The principal   | office address: 151 SE 1st S   | St Unit 810  | Miami, FL 33   | 131   |                    |
| 3. The mailing a   | ddress (if different): 151 SE 1  | st St Unit   | 810 Miami, FL  | 33131   |                    |
| 4. Date of incorp  | poration/qualification: 6/1/201  | 6 I  | Document number: _   | P160000483  | 385                |
| 5. The name and  | street address of the current registment of State: (If resigned, enter   | stered agent ar  | nd registered office o   | on file with the  |                    |
| •  | 7143 Bonita Drive #6 M   |  | ch, FL 33141   | <b>A</b> C  | <del>8</del>       |
|  |  |  |  | AHASSEE   | FILED<br>AUG 27 AH |
| 6. The name and (if changed):  | street address of the new register   |  |  | stered office NDA   | ¥ 8:02             |
|  |  | Box NOT acceptab   |  |   |                    |
| The street addre   | ss of its registered office and the be identical.  | street address   | s of the business off  | ice of its register   | ed agent,          |
|  | s authorized by resolution duly a<br>e board, or the corporation has b   | idopted by its<br>seen notified i  | board of directors on writing of the chai  | or by an officer songe.   | ŀ                  |
|  | fama Nodlo   | Ste  | fania Nader  | ime and title   |                    |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if the<br>hereby confirm | the appointment as registered ag<br>o comply with the provisions of a<br>my dutiés, and I am familiar with<br>s document is being filed merely<br>that the corporation has been no | gent and agree<br>all statutes rel<br>h and accept t<br>to reflect a cl<br>tified in writi | to act in this capace to act in this capace ative to the proper the obligation of my hange in the register of this change. | city.<br>and complete<br>position as regist<br>red office address | tered<br>s, I      |
| Stefa  | ature of Registered Agent  | 8/17   | 7/2018   |   |                    |
|  | half of an entity:   |  | Date   |   |                    |
|  | ma Nader<br>ped or Printed Name  | -  |  |   |                    |

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