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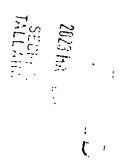
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE JUL 2 6 2023		
JUL 2 6 2023		

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Crystal Daliya PA Name of Corporation	
and or softwaren	
DOCUMENT NUMBER: P17000007041	
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Crystal Daliya	
Name of Contact Person	
Crystal Daliya PA	
Firm/Company	
PO Box 1409	
Address	
Estero, FL 33929	
City/State and Zip Code	
crystaldaliyacpa@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Crystal Daliya	at (239) 887-1941
Name of Contact Person	at (239) 887-1941 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

1 1 2 5 5 5 S

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of <mark>Flor</mark>	rida
in order	r to change its registered office or	registered agent, or both, in the State of Flor	ida.
1. The name of t	he corporation: Crystal Daliya PA		
2. The principal	office address: 3333 Renaissance B	Slvd, Ste 204, Bonita Springs, FL 34134	
3. The mailing a	ddress (if different): PO Box 1409.	Estero, FL 33929	
4. Date of incorp	oration/qualification: 01/20/2017	Document number: P170000070	41
	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with tesigned)	the
	Crystal Daliya		
	3333 Renaissance Blvd. Ste 204		
	Bonita Springs, FL 34134		2023 I SEC SEC
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	学の表現
	Registered Agents Inc		
	7901 4th St N STE 300		
		PO Box NOT acceptable	
	St. Petersburg FL 33702	_ 	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its re	egistered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an off een notified in writing of the change.	icer so
Cinnto	de l'arlina	Crystal Daliya, President	
hignatur	e of an officer or director	Printed or typed name and title	
l further agrée t of my duties, an document is beil	o comply with the provisions of a	ent and agree to act in this capacity, Il statutes relative to the proper and comple he obligation of my position as registered a e in the registered office address, I hereby c hange.	te performance gent. Or, if this confirm that the
David Poperis		05/18/2023	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
Ty	ped 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 (04/13)