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To:

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

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: jcronin430@aol.com

**REGISTERED AGENT CHANGE
CRONIN INVESTMENTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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STATE OF FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRONIN INVESTMENTS, INC.
Name of Corporation

DOCUMENT NUMBER: P18000011679

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:

JOHN P CRONIN

Name of Contact Person

CRONIN INVESTMENTS, INC.

Firm/Company

3433 BROADWAY ST NE #160

Address

MINNEAPOLIS, MN 55413

City/State and Zip Code

jcronin430@aol.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanciba Bishop

at (800)

567-4397

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR25045 (04/13)

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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: CRONIN INVESTMENTS, INC.
2. The principal office address: 3433 BROADWAY STREET NE #160 MINNEAPOLIS, MN 55413
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/02/2018 Document number: P18000011679
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)

URS3458 LAKESHORE DRTALLAHASSEE, FL 32312

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

URS AGENTS, LLC3458 LAKESHORE DRP.O. Box NOT acceptableTALLAHASSEE, FL 32312

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]
Signature of an officer or director

JOHN PATRICK CRONIN
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]
Signature of Registered Agent

7.13.2022
Date

If signing on behalf of an entity:

Kanetha Bishop, Asst. Secretary

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

CR2B045 (04/13)

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