P180000 27915

(Requestor's Name)
(Address)
, ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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12/09/19--01005--004 **35.00



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I ALBRITTON

COVER LETTER

TO:

TO:	Amendment Section Division of Corporations
SUB.	IECT: CRYSTALCLEAR LOGISTICS, INC.
Name	e of Corporation
DOC	UMENT NUMBER: P18000027915
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	ys Cabrera
	e of Contact Person
•	alClear Logistics, Inc.
	Company
Addr	NW 99th Ave
	ess I, FL 33178
	State and Zip Code
Cityr	jane@erystalclearlogistics.com
12	ail address: (to be used for future annual report notification)
45-1114	an address, (to be used to ruture annual report notification)
For f	urther information concerning this matter, please call:
1 ()1 1	uriner mormation concerning and matter, preuze can
Janel	ys Cabrera at (786) 269-9393 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enelo	osed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	Division of Corporations 120 (see of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of char	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508. Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida
in order	r to change its registered office or registered agent, or both, in the State of Florida.
i. The name of the	he corporation: CrystalClear Logistics, Inc.
	office address: 6314 NW 99th Ave Doral, FL 33178
3. The mailing a	ddress (if different): 6310 NW 99th Ave Doral, FL 33178
4. Date of incorp	poration/qualification: 03/22/2018 Document number: P18000027915
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
_	Janelys Cabrera
	9085 NW 117th Street
	Hialeah Gardens, FL 33018
6. The name and (if changed):	Hialeah Gardens, FL 33018 Street address of the new registered agent (if changed) and /or registered office. Janelys Cabrera P.O. Box. NOT acceptable P.O. Box. NOT acceptable
	Janelys Cabrera
	6310 NW 99th Ave
	Doral, FL 33178
The street address changed will	ess of its registered office and the street address of the business office of its registered agent. be idonucal.
Such change wa authoritied by th	is authorized by resolution duly adopted by its board of directors or by an officer so whard or the change.
	Janelys Cabrera. Vice President
gnahu	Printed or typed name and title
I further agrée	the applintment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at I am kemiliar with and accept the obligation of my position as registered agent. Or, if this ing filedineedly to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
711	12/04/2019
196	patile of Regrature Agent
If signing on be	half of an entity:
Janelys Cabrera	
1	yped or Printed Name

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