P180000 41939

	(Requestor's Name)
-	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	, WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO:	Amendment Section
	 Division of Corporation;

1

The Cruse Corporation

Name of Corporation

P18000041939

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:

Tiara Cruse

Name of Contact Person

The Cruse Corporation

Firm/Company

413 Catfish Place

Address

Cocoa, FL 32927

City/State and Zip Code

tiaracruse@gmail.com

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

For further information concerning this matter, please call:

Tiara Cruse at (703) 282-8788

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida 8 name is submitted for a corporation organized under the laws of the State of $_{\perp}$			
i i	ler to change its registered office or registered agent, or both, in the State of F			_
1. The name of	The Cruse Corporation: The Cruse Corporation			
2. The principa	al office address: 413 Catfish Place			·-
	Cocoa, FL 32927			
3. The mailing	address (if different): Same as above			
4. Date of incor	rporation/qualification: 05/07/2018 Document number: P1800	0041	939	
	nd street address of the current registered agent and registered office on file wi artment of State: (If resigned, enter resigned)	ith the		
I	Tiara Cruse			
	284 Deer Crossing Road	JAT TAL	2019 (
	St. Augustine, FL 32086	<u>-</u>	2019 SEP 17	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered off :	ice	7 PM 2:4	, E .
1	Tiara Cruse	;⊒	81:	
1	413 Catfish Place			
	P.O. Box NOT acceptable			
	Cocoa, FL 32927			
The street addr as changed wil	ress of its registered office and the street address of the business office of its libe identical.	s regist	ered as	gent,
Such change wauthorized by t	vas authorized by resolution duly adopted by its board of directors or by an othe board, or the corporation has been notified in writing of the change.	officer	so	
	Tiara Cruse, President/O			
	or the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and come of my duties, and I am familiar with and accept the obligation of my position his document is being filed merely to reflect a change in the registered officing that the corporation has been notified in writing of this change.	plete i as reg e addre	isterea 288, I	!
	Max Ces 9/12/2019 Ignature of Represented Agent Date			_
If signing on be	rehalf of an entity: The CRUSE CURPORATION			
Tina	A CAUSE Typed or Printed Name			
	* * * FILING FEE: \$35.00 * * *			

CR2E045 (03/12)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314