

PI9 0000 23335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

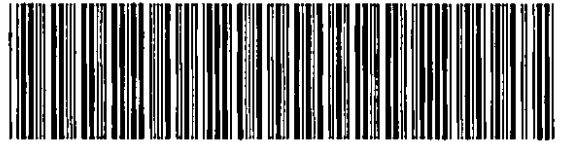
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crown Business Inc
Name of Corporation

DOCUMENT NUMBER: 1900002333

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:

BENJAMIN WEISSMAN
Name of Contact Person

DAVID CHILCO LAW GROUP
Firm/Company

607 CELEBRATION AVENUE
Address

CELEBRATION FL 34717
City/State and Zip Code

BEN@DAVIDCHILCOW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN WEISSMAN at 407, 933-7703
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1208, or 617.1208, 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

- The name of the corporation: CLAW PERSONALS LLC
- The principal office address: 5323 WILLIAMINA LAKES BLVD
CLERMONT, FL 34515
- The mailing address (if different): P.O. BOX 40511
CLERMONT FL 34747
- Date of incorporation/qualification: 3/13/19 Document number: P19000023335

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)

ELIZABETH CUMMINGS
5323 WILLIAMINA LAKES BLVD
CLERMONT, FL 34515

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

BRIANNE CUMMINGS
607 CLERMONT AVE
P.O. Box NOT acceptable
CLERMONT FL 34747

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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 DARIN C. SHAWMEN (AKA) Printed or typed name and title
PRESIDENT

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 4/12/2019 Date

If signing on behalf of an entity

DAVID CHIC LAW GROUP
Typed or Printed Name

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