## P9300056510

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## **COVER LETTER**

TO:	FO: Amendment Section Division of Corporations						
SUBJE	CCT:	Crossroads	Enterprises (Name of co	, Inc. orporation)			
DOCU	MENT NUME	ER: P9300	00056510		<del></del>		
The end	closed Statemer	t of Change of	Registered Office	e/Agent and	fee are su	bmitted for filir	ıg.
Please	return all corres	pondence conc	erning this matter	to the follo	wing:		
		Darren V	Valiante (Name of con	ntact person	<b>)</b>		
	<del></del>	Crossroa	ads Enterpri: (Firm/Co	ses. Inc. ompany)			<del>_</del> .
		8565 Mal	llory Road, (Add	Suite 202 ress)	2. Box 1	1	
	_	Jacksonv	ville, Floric (City/state as	da 3222( nd zip code)	)		
For fur	ther information	concerning thi	is matter, please o	call:			
Loi	cie L. Chis			at (90	)4 _)_	355-0355 aytime telephor	
	(Name	of contact perso	on)	(Area	code & d	aytime telephor	ie number)
Enclose	ed is a \$35.00 cl	neck made paya	able to the Depart	ment of Sta	te.		
		Mailing Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	A D 4	09 E. Gain	Section Corporations	

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

		s 607.0502, 617.0502, 6				
		a corporation organize				
in order	to change its regis	ered office or registered	d agent, or both	i, in the State of F	lorida.	
1. The name of th	e corporation:	Crossroads Ente	rprises, I	nc.		
2. The principal of	ffice address:	8565 Mallory Ro	ad, Suite	202, Box 11.	, Jacksonvi	Llle, FL 3222
3. The mailing ad	dress (if different):					
4. Date of incorpo	oration/qualification	n: <u>8/9/1993</u>	Document n	umber: <u>P93(</u>	000056510	
5. The name and s Florida Departs		current registered agen	t and registered	l office on file wi	th the	
_	Fran	ces L. Valiante			AF S	
	8565	Mallory Road, S	uite 202,	Box 11	A SE	1
_	Jack	sonville, Florid	a 32220		ASSE -5	
6. The name and s (if changed):	street address of the	new registered agent (i	f changed) and	or registered off	TO I	; <b>O</b>
-	Darre	r F. Valiante				л
		Mallory Road, Su (P.O. Box NOT acceptable)	ite 202, B	ox 11	_	
_		onville, Florida	32220			
The street addres as changed will b	s of its registered o	office and the street add	lress of the bus	siness office of it	s registered ag	ent,
Such change was authorized by the	authorized by reso board, or the corp	olution duly adopted by oration has been notifi	its board of ded in writing o	irectors or by an f the change.	officer so	
(Signature	L. Melector)	ite	Frances L	- Valiante	itle)	
I hereby accept the I further agree to of my duties, and document is being corporation has be	he appointment as comply with the p I am familiar with g filed merely to re seen notified in wr	registered agent and a rovisions of all statute, and accept the obliga flect a change in the re iting of this change.	gree to act in t relative to the tion of my posi egistered office	his capacity. e proper and con tion as registered address, I hereb	nplete performed agent. Or, if by confirm that	ince this the
bne F.	Latte ature of Registered Agent		June 28.	2005 (Date)		
If signing on beh	alf of an entity:					
Darren F. V	aliante ped or Printed Name)					

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