

P96000063688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

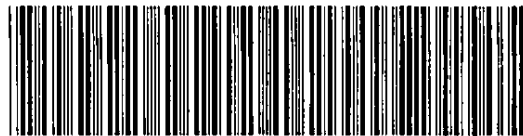
(Business Entity Name)

(Document Number)

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C. GOLDEN

JUN 29 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crepemaker Inc

Name of Corporation

DOCUMENT NUMBER: P96000063688

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:

Christopher Hoffman

Name of Contact Person

Crepemaker Inc

Firm/Company

16300 SW 293 Street

Address

Homestead florida, 33033

City State and Zip Code

executivedirector@crepemaker.com

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

For further information concerning this matter, please call:

Christopher Hoffman

Name of Contact Person

305 9052577

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, 607.1508, 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: CrepeMaker Inc
2. The principal office address: 14365 SW 142 street Miami Florida 33033
3. The mailing address (if different): _____

4. Date of incorporation qualification: July 17 1996 Document number: P96000063688

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)

Michael Walsh

5301 North federal Hwy #215

Boca Raton, Florida 33487

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

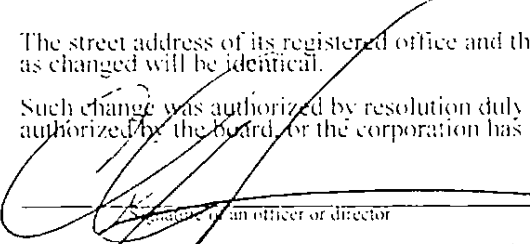
Christopher Hoffman

16300 SW 293 street Homestead , fl , 33033

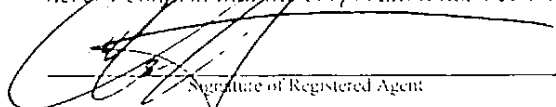
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

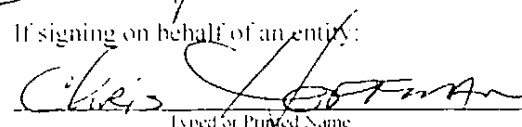
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____
Signature of an officer or director Christopher Hoffman President
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 of Registered Agent June 18 2017
Date

If signing on behalf of an entity:

 _____
Typed or Printed Name

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