

P96000075417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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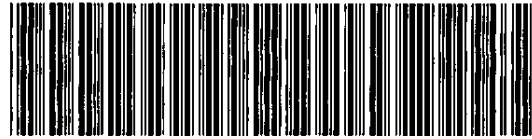
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Custom Manufacturing & Engineering, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P96000075417

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:

Michael Crews, Esq.  
Name of Contact Person

Custom Manufacturing & Engineering, Inc.  
Firm/Company

3690 70th Avenue North  
Address

Pinellas Park, FL 33781  
City/State and Zip Code

mcrews@custom-mfg-eng.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Crews, Esq. at ( 727 ) 637-4101  
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, 607.1508, 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: Custom Manufacturing & Engineering, Inc.
2. The principal office address: 3690 70th Avenue North, Pinellas Park, Florida 33781
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/11/1996 Document number: P96000075417
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 Crews, Esq.

2904 44th Avenue North

St. Petersburg, FL 33714

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

Dr. Nancy Crews

3690 70th Avenue North

P.O. Box NOT acceptable

Pinellas Park, Florida 33781

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.

Michael Crews  
Signature of an officer or director

Michael Crews, Secretary  
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.

Nancy P. Crews  
Signature of Registered Agent

June 22, 2010  
Date

If signing on behalf of an entity:

Dr. Nancy Crews

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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