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CIRC. SERVICES, INC.

- 3389 SHERIDANST \$273 HOLLY WOOD, FL 33021

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NU

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NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

AMENDMENTS
Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
Dissolution/Withdrawal
 Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/QUALIFICATION
	Foreign
	Limited Partnership
-	Reinstatement
	Trademark
	Other

RA Chq,

VS OCT 2 8 1998

Examiner's Initials

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, the
undersigned corporation organized under the laws of the State ofFLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: C.R.C. SERVICES, INC.
2. The mailing address of the corporation is: 3389 WERLDAN ST # 27389
HOLLYWOOD, FL- 3302/
3. Date of incorporation/qualification: 504 21, 1998 Document number: 198 000 6 4597
4. The name and address of the current registered agent and office:
ODED AVNI
3389 SHERIPAN St. # 273 2221 N.E. 164 St., # 29,
357 SHETITAN 37. 75 8-21 11-11
Howy Tr 3302/ N. Miami Beh., F1 33160
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
ODED AVN/
3389 SHERIDAN ST, # 273
Howywood FL 33021
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.
10/14/Gd
(Signature of an officer, chairman or vice chairman of the board) (Date)
aneo AVA / RRESIDENT
ODEO AVA / PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
in/ia/a
(Signature of Registered Agent) (Date)
(Signature of Registered Agent) If signing on behalf of an entity: Open AUN Responsible for the significant of the signif
(Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)

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