P99000012102

uestor's Name)		
ress)		
ress)		
/State/Zip/Phone	; #)	
☐ WAIT	MAIL	
iness Entity Nan	ne)	
(Document Number)		
Certificates	of Status	
Special Instructions to Filing Officer:		
	ress) (State/Zip/Phone WAIT iness Entity Nan ument Number) Certificates	

Office Use Only



000271718340

84/20/15--01052--006 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 20 PM 3: 40

5 PM 8 15

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Florida CRI Inc.

Name of Corporation

P990000127202

P090000127202

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:

Carolyn Casey

Name of Contact Person

Florida CRI Inc.

Firm/Company

9696 Bonita Beach Road Suite 101

Address

Bonita Springs, FL 34135

City/State and Zip Code

carolync@betterroads.net

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

For further information concerning this matter, please call:

Carolyn Casey

Name of Contact Person

at (239) 597-2181

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
-	ange is submitted for a corporation organized under the laws of the State of Florida	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Florida CRI Inc.	
2. The principal	office address: 9696 Bonita Beach Road Suite 101	
	Bonita Springs, FL 34135	
3. The mailing a	address (if different):	
4. Date of incorr	poration/qualification: 02/09/1999 Document number: P99000012702	
5. The name and	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Joseph D. Bonness III	
	9696 Bonita Beach Road	
	Bonita Springs, FL 34135	
6. The name and (if changed):	Bonita Springs, FL 34135 d street address of the new registered agent (if changed) and /or registered office	FILE
	Joseph D. Bonness III	20
	Joseph D. Bonness III 9696 Bonita Beach Road Suite 101 P.O. Box NOT acceptable	
	P.O. Box NOT acceptable	*;
	Bonita Springs, FL 34135	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, l be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Nignatu Nignatu	Joseph D. Bonness III, President Printed or typed name and title	
I hereby accept I further agree to performance of	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sig	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
	Typed or Printed Name	

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