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(Req	uestor's Name	-					
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Certified Copies	Certificate	s of Status					
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Special Instructions to Fi	ling Officer:						
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STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations									
SUBJECT: CRW of South Florida Onc (Name of corporation)									
DOCUMENT NUMBER: P99 0000 30200									
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:									
Thomas Seilkop (Name of person)									
(Name of person)									
CRW of South Avricla Inc (Name of firm/company)									
(Name of firm/company)									
5013 Garfield Street (Address)									
(Address)									
Hollywood Fe 33021 (City/state and zip code)									
For further information concerning this matter, please call:									
R. Kevin Cross EA at (954) 9221903 (Name of person) (Area code & daytime telephone number)									
Enclosed is a \$35.00 check made payable to the Department of State.									
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399									

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

Pursuant to the p	rovisions of sect ted for a corpora	ions 607.0502, tion organized	. 617.0502, 607 I under the law	7.1508, or is of the Si	· 617.1508 tate of	, Florida Sta Florid	ututes, C	this sta	tement in o	of rder
to change its regi									_	
1. The name of the	ne corporation:	CRW 0	of South	Flori	da B	۸ د	<u>. </u>			
2. The principal of	office address:	5013	6ar field	St	11011	yword	R	330	71	
								.,		
3. The mailing ac	ldress (if differer	nt):				· · · · · · · · · · · · · · · · · · ·				
										
4. Date of incorp	oration/qualifica	tion: $4/, 10$	19	Documer	nt number:	P990	2000	9 30 2	200	
5. The name and Florida Depart		the current reg	gistered agent a	and registe	ered office	on file with	the			
	50	ott Sa	nok, Es	g.						
•	20	O Linde	ll Biud	Sc	ute 9	20				
	D	elvay Bro	ich 12 3	3483		,		ונארר הירכ	F 2	: Ac a surj
6. The name and (if changed):							e	AHASSE	04 MAR 12 1	11
	R	· Kevin	Cross /	45T	EA			무무	PM 2:	
	S	101 S. F.	ederal	Highu	say			STATE LORID	1	
		(P.O. Box	or personal manoox	CNOT accept	aute)			- DA		
		<u> 1011yw00.</u>	d E 3	33020)		:	.		
The street addre changed will be										
Such change wa	s authorized by corporation has	resolution dul been notified	y adopted by i I in writing of	its board of the chang	of director ge.	rs or by an o	officer	so auth	ıorized	l by
	1/	> .		I	00mas	SeilKop	٠	Pres	iden	1+
	gnature of an officer		coant and am							
interest accept I further accept duties, and I am being filed mere been notified in	the appointment o comply with the familiar with a ly to reflect a ch writing of this c	as registered the provisions of accept the cange in the re hange.	agem and agr of all statutes i obligation of n egistered office	relative to ny positio e address,	the prop on as regis I hereby	er and comp tered agent confirm tha	olete p . Or, t the c	verforma if this d vorpora	mce o ocume tion ha	f my nt is is
110			 ,		3	10/04				
	Signature of Registere	d Agent)				(Dat	e)			
If signing on bel	half of an entity:									
	(Typed or Printed Na	me)				(Capa	city)			

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