

**F05** Florida Department of State **00003571**  
 Division of Corporations  
 Electronic Filing (Cover Sheet)

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To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : REGISTERED AGENT SOLUTIONS INC  
 Account Number : I20100000062  
 Phone : (888)705-7274  
 Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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**REGISTERED AGENT CHANGE  
 CRYSTALIZATIONS SYSTEMS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$35.00</b>

J. HORNE  
 JUN 29 2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRYSTALIZATIONS SYSTEMS INC.  
Name of Corporation

**DOCUMENT NUMBER:** F05000003571

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:

**Joshua Murphy**

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, Texas 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

**Joshua Murphy**

at ( 888 ) 705-7274  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CRYSTALIZATIONS SYSTEMS INC.
- 2. The principal office address: 1401 LINCOLN AVE. HOLBROOK, NY 11741

- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 6/13/2005 Document number: F05000003571

- 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)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE                      1ST FLOOR  
TALLAHASSEE                                      FL                      32301

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

Registered Agent Solutions, Inc.  
155 Office Plaza Dr.                      Suite A  
P.O. Box NOT acceptable  
Tallahassee                                      FL                      32301

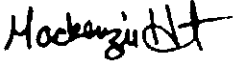
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 TALLAHASSEE, FL  
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The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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.

/s/ Patricia J Ellenwood                      Patricia J Ellenwood                      President  
Signature of an officer or director                      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.*

                      06/28/2022  
Signature of Registered Agent                      Date

If signing on behalf of an entity:  
Mackenzie Hart, Assistant Secretary  
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  
 CR2E045 (04/13)