L21 000 481 036

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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03/07/23--01027-011 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	<i>t.</i>						
SUBJECT: Professional Crew LLC Name of Limited Liability Company							
Dear Sir or Madam:							
Dear Sit of Wiadam.							
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Valentina Lugo							
Name of Person							
Firm/Company							
T time Company							
1007 N Orange St. 4th Floor Suite #1050	2025 SEC TA						
Address	\$E						
Wilmington Delaware 19801							
City/State and Zip Code							
·	AR 10: 3						
agent@firstbase.io	ri —						
E-mail address: (to be used for future annual repor	t notification)						
For further information concerning this matter, please ca	all:						
valentina lugo	, 9293050668						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount	;						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	nme of the limited liability company:	Crew L	LC	
2. (a)	7901 4th St N STE 300	(I	, 7901 <i>i</i>	4th St N STE 300
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('	") <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St.Petersburg, FL 33702	_	St. Pe	tersburg, FL 33702
	11/08/2021		L21000	481036
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	REGISTERED AGENTS INC.			
J. (u.)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of S	tate:
	7901 4TH ST N STE 300			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	2)	
	ST. PETERSBURG , FI	33702		2023 T/
(b)	Firstbase Agent LLC		ŽĺŽo nať – ŠEO TALLAr	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	ldress:	
	NEW Registered Office Address:	•		
	111 NE 1st St, 8th Floor Suite #88592			n' —
	Miami, FI	33132 L		<u> </u>
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi lability c of the lin	istered off ompany, i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	Hamad Alr Rehman	Ha	mad Ur	Rehman
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to ace e perforn ed for in hereby c	t in this ca nance of n Chapter 6 confirm th	apacity. I further agree to comply with the weduties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Jalentina Lugo Signature of Registered Agent