Florida Department of State

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LLC REGISTERED AGENT CHANGE CRM KRAFT LLC

Certificate of Status	0
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Aug 11, 2025 09.43 . To: ~18506176393 Pege: 2/2 Fax: 18134365206

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	me of the limited liability company: CRM KRAFT LLC								
2. (a)		(b)						
·		Principal office address of limited trability company: (Note: MUST BE STREET ADDRESS)				Mailing address (<u>Note: MAX</u>	of limited	Hiability co	ompany:	
		7901 4th St N STE 300			7901 4th 9	St N STE 300	t N STE 300			
		St. Petersburg Ft 33702	_		St. Peters	burg FL 33702				
		05/25/23		L2	3000258	039				
3.		Date of filing/registration in Florida	4.			Document r	number		U-7	
5. ((a)	5FLAGS INCUBATION LLC								
./. (a		Registered Agent and Registered Office shown on the records of t 2880 WEST OAKLAND PARK BLVD	the Floric	da D	ept, of Sta	ite:				
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRES	<u>:5)</u>		_				
		SUITE 118								
		FORT LAUDERDALE, IFL	33311			-		~2		
í	h)	Northwest Registered Agent LLC					. ~	2025 AUG 1 1	2	
Ι,	(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	: •	- -	事が	
		7901 4th St N						- PH	NO VE	
		NEW Registered Office Address:			• •	. ?	·			
		STE 300				_				
		St. Petersburg , FL	33702							
the dager was the	cha it w /we a <u>r</u> tji	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reg shility c f the lin limited	iste com mite	red offic pany, it ed liabili bility cor	ee and the bus is hereby con ty company o mpany.	iness off firmed the	fice of the nat the ch rwise pro	e registered lange(s)	
•		ure of a member or authorized representative of a member	- <u>-</u> -			Printed or typ		-		
prov the t to m	risie obli iere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided of the change in the registered of the address, I have the provided of the change.	perforn 1 för in 1ereby (ct ir nan Ch con	i this cap ce of my apter 60 firm that	pacity. I fieth duties, and I 5. F.S. Or, if t the limited h	ier agree am fami this docu ability co	to comp liar with ument is ompany i	dy with the and accept being filed has been	
Sim	ימונו	Taylor Newman - Assistant Se re of Registered Agent	ecretary							