03000022117

(Requestor's Name)					
Philip Crosby Associates Creating Capable Organizations P.O. Box 2687 Winter Park, FL 32790-2687					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
·	•	•			
(Do	cument Number)				
Certified Copies Certificates of Status					
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Office Use Only



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04/28/05--01033--004 **25.00



13-22117

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

ageni, or boin, in the St	<u> </u>		
1. The name of the lim	ited liability company is:	Crosby Legacy Company,	LLC
2. The mailing address	of the limited liability con	npany is :	
PO Box 2687, Winte	r Park, FL 32790-2687		
June 13, 2003 L03000022		L03000022117	7
3. Date of filing/registration in Florida		4. Document nun	nber
5. The name of the regi	stered agent and the registe of State: Laurie V. Gonzalez	ered office address as shown o	on the records of the
	1954 Howell Branch	Name Road, Suite 203	-
	Winter Park, FL 327	dress 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
6. The name and addres	City, S s of the new registered age	tate and Zip ent and/or office:	NPR 28
	Melanie Damian		一 三
	1200 Brickell Ave., Suite 950		AH IO: 36
	Florida street address	(P.O. Box NOT acceptable)	
	Miami	FL 33131	_
	City, Sta	ate and Zip	
confirmed that after the and the business office liability company, it is is the members of the limithe operating agreement	change or changes are mad of the registered agent will	• •	of the registered office of a Florida limited
(Printed or typed name of signe	ee)	 	· · · · · · · · · · · · · · · · · · ·
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir	cointment as registered age ons of all statutes relative t und accept the obligations of this document is being fil m that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)