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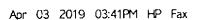
To: Division of Corporations Fax Number : (850)617-6380 Prom: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 : (561)694-8107 Fax Number : (561)694-1639 **Enter the email address for this business entity to be used for future annual report mailings. Buter only one email address please Email Address: REGISTERED AGENT CHANGE CROSSVILLE, INC. Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$35.00

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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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CROSSVILLE, INC.
2. The principal office address: 346 SWEENEY DR., CROSSVILLE, TN 38555
3. The mailing address (if different): P.O. BOX 1168, CROSSVILLE, TN 38555
4. Date of incorporation/qualification: 08/23/2007 Document number: F07000004266
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)
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
P.O. Box NOT acceptable Palm Beach Gardens, FL 33410
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.
Courtney Nanke, Attorney in Fact Signature of an officer or director Printed or typed name and utile
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.
04/03/2019
Signature of Registered Agent Date
If signing on behalf of an entity:
Courtney Nanke, Special 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 (03/12)