L 000000 14989

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	:#)			
PICK-UP	☐ WAIT	MAIL .			
(Business Entity Name)					
(Document Number)					
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C. GOLDEN NOV 1 2 2020

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	CROSS CREEK CENTER, LLC	ı				
		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning	this matter to the f	following:			
A. L. BU	JFORD, III					
	Name of Person		_			
	Firm/Company					
3520 The	omasville Road. Suite 200					
_	Address					
Tallahas	see, FL 32309					
	City/State and Zip Coc	le				
lewis@t	gproperty.com					
E-	mail address: (to be used for future	annual report notifi	cation)			
For furth	ner information concerning this ma	ter, please call:				
Charles	L. Cooper Jr.	850 _ at (222-8611			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

Attorneys at Law

1545 Raymond Diehl Road Suite 300 Tallahassee, FL 32308 Tel 850,222,8611 Fax 850,222,8969 www.bmolaw.com

September 24, 2020

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

Re: Cross Creek Center, LLC - L00000014989

Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office for the above-referenced entity. Also enclosed is our firm's check #6115 payable to Division of Corporations in the amount of \$25.00 for the filing fee.

Please call me if you have any questions.

Sincerely,

PMc Crary, FRP

Paralegal

Enclosures

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.

1. N	ame of the limited liability company: CROSS CREEK	CENTE	R, LLC		
2. (a)	3520 Thomasville Road. Suite 200		(b) 3520 Thomasville Road, Suite 200		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tallahassee, FL 32309		Tallahasse	e, FL 32309	
	12/05/2000		1.00000014	289	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Charles L. Cooper Jr.				
	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of Stat	e:	
	101 North Monroe Street, Suite 900				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>SS)</u>	-	
				- co	
	Tallahassee	∍L_32301		Ð	
	·.	<u></u>	**	- <u>P</u>	
(b)	A. L. Buford, III			<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	. N D	
	3520 Thomasville Road, Suite 200 NEW Registered Office Address:			_	
	Tallahassee, 1	FL_323	09	_	
chang agent was/w the ar Sign I herr provisithe of to me notifical	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an Affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member whether the appointment as registered agent and a sions of all statutes relative to the proper and completely reflect a change in the registered agent as provided in viriling of this change.	he registo liability s of the l ne limited A gree to a le perfor	ered office an company, it is imited liability for . L. BUFORD ect in this cap mance of my of Chapter 60:	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. Ill Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept to E.S. Or if this document is being filed.	
5	Division of Corporations P O) Box 63	i27 • Tallaha	ssee, FL 32314	

FILING FEE: \$25.00