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D. BRUCE Nov 0 8 2016

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CRYSTAL CENTER COMMONS LLC

Name of Corporation

DOCUMENT NUMBER: L03000017401

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dolores Burton Name of Contact Person c/o United Corporate Services, Inc. Firm/Company 100 State Street, Suite 800 Address Albany,NY 12207 City/State and Zip Code E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: **Dolores Burton** 894-9049 Name of Contact Person Area Code & Daytime elephone Numbe 3

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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	une of the limited hability company:		OMMONS LLC
2. (a) _	12035 Raleigh LaGrange Principal office address of limited liability company:	(b)	12035 Raleigh LaGrange Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	Eads, TN 38028	<u>E</u>	Eads, TN 38028
	5/14/2003	 L0	03000017401
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
/ (4)	Registered Agent and Registered Office shown on the records of	of the Florida De	ept. of State:
	1200 S Pine Island Rd		
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS	
	Plantation,, F	L_33324	TALLA
(b)	United Corporate Services, Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	
	9200 South Dadeland Blvd.		
	NEW Registered Office Address:		
	Suite 508		
	Miami	L 33156	
the cha agent v was/wo	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	11/	— . —	Everett
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

flisite chail A. Bon

Signature of Registered Agent

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