# LU4000008250

(Re	(Requestor's Name)					
(Ac	(Address)					
(Address)						
(Ci	ty/State/Zip/Phone #	<del>)</del>				
PICK-UP	WAIT	MAIL				
	usiness Entity Name	1				
(	aemsee endig Home	,				
	ocument Number)					
(1)	ocamen ramper)					
Certified Copies	_ Certificates o	f Status				
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Special Instructions to	Filing Officer:					
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DEFERENCE OF TRAINING OF THE VISION CONSTRUCTION OF THE PROPERTY OF THE PROPER

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### UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528

## HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

January 19, 2007

#### CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

CRASNIPER, LLC L04000008250					
Filing Evidence  ☑ Plain/Confirmation Cop	ру	Type of Document			
□ Certified Copy		☐ Certificate of Good Standingo			
		□ Articles Only			
Retrieval Request  Photocopy  Certified Copy		<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> <li>□ Other</li> </ul>			
NEW FILINGS		AMENDMENTS			
Profit		Amendment			
Non Profit		Resignation of RA Officer/Director			
Limited Liability	X	Change of Registered Agent			
Domestication		Dissolution/Withdrawal			
Other		Merger			
<u> </u>	Γ				
OTHER FILINGS		REGISTRATION/QUALIFICATION			
Annual Reports		Foreign			
Fictitious Name		Limited Liability			
Name Reservation		Reinstatement			
Reinstatement		Trademark			
		Other			

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

Pursuant to the provision. liability company submits agent, or both, in the State	the following statement in	608.508, Florida Statute order to change its reg	s, the undersigned limited istered office or registered	
1. The name of the limited	liability company is: Cra	sniper, LLC		
2. The mailing address of	the limited liability compar	ny is : 2664 Airport Rd.	South Naples FL 34112	
01-30-04	L04000008250			
<ol><li>Date of filing/registration</li></ol>	m in Florida	4. Document nu	nber	
5. The name of the register Florida Department of S	ed agent and the registered tate:	office address as shown	on the records of the	
! -	Curtis B. Cassner			
	Nan	<del></del>	Pr 9	
<u>-</u>	<u>2390 Tamiami Trail No</u> Addr			
1	Naples FL 34103	<b>U33</b>	LCON JA T	
<del></del>	City, State	and Zip		
6. The name and address of	the new registered agent a	nd/or office:	M 9: 35 EE. FLOR	
9	Curtis Cassner Regist		OR 35	
. •	Name 664 Airport Rd. South		Dr.	
<u> </u>	Florida street address (P.O			
		-		
<u>ī</u>	<del></del>	34112	<u> </u>	
	City, State a	nd Zip		
If the limited liability componfirmed that after the charand the business office of the liability company, it is here of the members of the limit or the operating agreement.	inge or changes are made, the registered agent will be by confirmed that the change that the change of the change	he Florida street address identical. Or, in the case ge(s) was/were authorize otherwise provided in th	of the registered office of a Florida limited of by an affirmative vote	
Signature of a member or authorize	d representative of a member)	······································		
Carte	ASEM			
(Printed or typed name of signee)		· · · · · · · · · · · · · · · · · · ·		
I hereby accept the appoint comply with the provisions and I am familiar with and chapter 608, F.S. Or, if the address, I hereby confirm t	ment as refistered agent of of all statutes relative to th accept the obligations of m s document is being filed to tat the limited liability com	and agree to act in this ca be proper and complete p by position as registered in the merely reflect a change opany has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in In the registered office I writing of this change.	
Signature of Registered Agent		· · · · · · · · · · · · · · · · · · ·		
Division	of Corporations, P.O. Bo	x 6327, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18 (8/05)