## L05000032174

	(Re	equestor's Name)				
- CAROL BECKWORTH  CKB: Enterprises LLC  1763 9 Mile Road, Ste 1,#390  Pensacola, PL 32514						
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR 2 7 2008

**EXAMINER** 

## 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.

1. The name of the limit	ed liability company	is: CRB Enterprises, LLC		<del></del>	
2. The mailing address o	f the limited liabilit	y company is : 8035 El Estrech	no Dr.		
Pensacola, FL 32514					
4/4/2005		1.0500002217			
4/1/2005			L05000032174		
3. Date of filing/registrat	ion in Florida	4. Documen	t number		
5. The name of the regist Florida Department of		egistered office address as sho	own on the record	is of the	
•	Ralph L. Beckwo	orth			
	<u>-                                      </u>	Name			
	8035 El Estrecho	Dr			
		Address			
	Pensacola, FL 32		·	<b>○</b> . □	
	. C	ity, State and Zip		180 Siaid 35	
6. The name and address	of the new registere	d agent and/or office:		SECRETI DIVISION OF	
	USA-RA, LLC (Ky	/le Lavender0		FILE OF CC	
		Name			
	841 Prudential Dr.		<del></del>	STA STA	
	Florida street add	ress (P.O. Box <b>NOT</b> acceptal	ole)	TO STATE RPORATIONS	
	Jacksonville	FL 83307 32207	7	())	
	Cit	y, State and Zip			
confirmed that after the c and the business office of liability company, it is he of the members of the lin or the operating agreemen	hange or changes are the registered agen reby confirmed that nited liability compart of the limited liab		ress of the registe case of a Florida orized by an affir	ered office limited mative vote	
Once A. Dooluumah					
Carol A. Beckworth (Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm		d agent and agree to act in the stive to the proper and completions of my position as registen filed to merely reflect a chestify company has been notified.	is capacity. I fur te performance of red agent as prov ange in the regist ed in writing of t	ther agree to of my duties, vided for in tered office his change.	
(Signature of Registered Agent)					

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