LOS 000032-174

(Requestor's Name)						
(Address)						
(Addiess)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Priorie #)						
PICK-UP WAIT MAIL						
•						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special instructions to Filling Officer.						

Office Use Only



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SECRETARY OF STATE

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T. CLINE

JAN 2 7 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				·			
	Division of Corporations							
SUBJ			nterpris					
	Name o	of Limite	d Liability	/ Company	7			
Dear	Sir or Madam:	•						
The e	nclosed Registered Agent/Registered	d Office	Change at	nd fee(s) ar	re submitted f	or filing.		
Please	e return all correspondence concerni	ng this n	natter to th	e followin	g:			
	Ralph L. Beckworth							
	Name of Person							
	CRB Enterprises LLC							
	Firm/Company	I						
	1765 E. Nine Mile Road, Suite	1,#390)				2	
	Address					五星	2 JAN	
	•					33	: <u>:</u>	
	Pensacola, FL 32514						26	
	City/State and Zip Code					m,c	200	
							7.5	
	orh enterprises llo@vahoo	com				35	Œ II Ca	
E-	crb enterprises llc@yahoo mail address: (to be used for future annual repo	rt notification	on)				₩	
or fu	rther information concerning this ma	atter, ple	ase call:		•			
	Ralph L. Beckworth	at (850)		475-7003			
	Name of Person	_	 /	a Code & Day	& Daytime Telephone Number			
	STREET/COURIER ADDRESS:		MAII	ING ADDI	DFCC.			
	Registration Section			ration Section				
	Division of Corporations			on of Corpo				
	Clifton Building			ox 6327	iutions			
	2661 Executive Center Circle			assee, Florid	da 32314			
	Tallahassee, Florida 32301		•					
	Enclosed is a check for the follow	ing amo	ount:					
i	\$25 Filing Fee		\$55 H	Filing Fee &	& Certified C	ору		

INHS18 (5/08)

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.

Name of the limited liability company:	CRB Enterprises LLC						
2. (a) Principal office address of limited liability compan	ny: 1765 E. Nine Mile Road	1765 E. Nine Mile Road					
(Note: MUST BE STREET ADDRESS)	Suite 1, #390 Pensacola, FL 32514	_					
(b) Mailing address of limited liability company:	1765 E. Nine Mile Road						
(Note: MAY BE POST OFFICE BOX)	Suite 1, #390 Pensacola, FL 32514						
	L05000032174						
3. Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office shown on the records of the Florida Deptr of State:							
Registered Agent:	CORPORATION SERVICE COMPAN	Υ					
Registered Office Address:	77	-are-					
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:	. 4.3.^ *					
NEW Registered Agent:	Ralph L. Beckworth						
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8035 El Estrecho Driuve						
	Pensacola. ,FL32514	_					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member							
Ralph L. Beckworth Printed or typed name of signee							
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. On if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	agree to act in this capacity. I further agree roper and complete performance of my duties osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.	to					

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