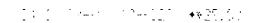
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COVER LETTER

	Registration Section Division of Corporations					
SUBJE	TSK Crescent Farms, LLC					
SODAT.	T:Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for fi	ling.		
Please r	eturn all correspondence concernin	g this matter to the	following:			
John M.	Severson					
	Name of Person					
Burns &	: Severson, P.A.					
	Firm/Company					
400 Col	umbia Drive, Suite 100			: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
	Address			•		
West Palm Beach, FL 33409						
	City/State and Zip Co	de		S		
•	irnsandseverson.com					
E-	mail address: (to be used for future	annual report notif	ication)			
For furt	her information concerning this ma	itter, please call:				
John M.	Severson	561 at (687-2003			
	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	ving amount:				
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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.

Name of the limited liability company: TSK Crescent Farms, LLC TSK Crescent Farms, LLC TSK Crescent Farms, LLC						
2. (a)	1655 Breakers West Blvd.	1	(b) 1655 Breakers West Blvd.			
(u) <u>-</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)		
	West Palm Beach, FL 33411		West I	Palm Beach, FL 33411		
						
	07:22:2005	-	L05000	072457		
3.	Date of filing/registration in Florida	4.		Document number .		
5. (a)	Sauerberg, Eric M.					
	Registered Agent and Registered Office shown on the records of t	the Flori	la Dept, of	State:		
	200 Village Square Crossing					
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRES	<u>(S)</u>			
	Suite 102		_, _, _,	<u></u>		
	Palm Beach Gardens, FL	33410		<u></u>		
(b)	Burns & Severson, P.A.			202		
Enter name of NEW Registered Agent and/or NEW Registered Office address:				2023 APA		
	400 Columbia Drive					
	NEW Registered Office Address:			<u>دن</u> .		
	Suite 100					
	West Palm Beach, FL	33409				
change agent was/we _Uhsassin Turru	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of the li limited	red office ompany, nited fial liability	and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company. alik, Authorized Representative/Manager		
=Signet	are of a member or authorized representative of a member			Printed or typed name of signee		
provision the oblication to mere novillag	ov accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h linewriting of this change.	ce to a perfori l for in tereby	t in this nance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
	M. Stutton to all Registered Agent - John M. Severson, as President of Burns.	6 C	un Dit			