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COVER LETTER

Registration Section

TO:

Division of Corporations							
CONST.C.1.							
Name of	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office O	Change and fec(s) are submitted for filing.						
Please return all correspondence concerning this m	atter to the following:						
C. Shields							
Name of Person							
Harbor Compliance							
Firm/Company							
1830 Colonial Village Ln							
Address							
Lancaster, PA 17601							
City/State and Zip Code							
professional@harborcompliance.com	n						
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, ple	ase call:						
Harbor Compliance	11 (717) 431-9037						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following am	ount:						
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

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

Floride					1.0		
I. Na	me of the limited liability company: Crestviev	V La	ina Con	ipany, i	LLU_		
2. (a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	4393 COMMONS DRIVE EAST		P.O. BOX 456				
	DESTIN, FL 32541		PHILADI	ELPHIA, MS 39350			
		_	1.070000	200007			
	01/03/2007	_	L070000				
3.	Date of filing/registration in Florida	4.		Document m	amber		
5. (a)	CORPORATION SERVICE COMPANY						
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of State	· ::			
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u>55)</u>	•			
	TALLAHASSEE FL	3230)1				
(b)	Registered Agents Inc.						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•		2022	
	7901 4th St N					SEP 2	5 6 - 46 - 48
	NEW Registered Office Address:				;:;		
	STE 300		· 		304	PH	
	St. Petersburg FI	02	-	STAR	2: 32	ال <i>وييية ال</i>	
the cha agent v was/wo the arti	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members called of organization or the operating agreement of the	the repability of the limited	gistered office company, it is imited liability I liability con	e and the busi is hereby conf y company or apany.	ness offic irmed that	e of the t the ch	e registered lange(s)
	ATES III, WILLIAM ture of a member or authorized representative of a member	<u>Y</u> ,	ATES III, W	TLLIAM Printed or type	d name of	ianas	
Signa	ture of a member of authorized representative of a member			ranica or type	а наше от 8	ignee	

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent