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(Requestor's Name) (Address) (Address)	600304770406		
(City/State/Zip/Phone #)			
(Business Entity Name) (Document Number)	17 SECI		
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Special Instructions to Filing Officer:			
Office Use Only			

COVER LETTER

TO: Registration Section Division of Corporations

CR470 LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randall Crecelius

Name of Person

Firm/Company

950 West Magnolia Street

Address

Clermont, Florida 34711

City/State and Zip Code

truefloridacracker@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall Crecelius	352 409-1752
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
\$ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

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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.

1. N	ame of the limited liability company:			
2. (a)	950 West Magnolia Street	(b)	950 West Magnolia Stree	t į
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO	
	Clermont, FL 34711		Clermont, FL 34711	
	1/23/2007	 L	L07000008705	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Stephen M Cook			1
J. (u	Registered Agent and Registered Office shown on the records of 9200 Edgewater Drive	the Florida	Dept. of State:	en 17
	Registered Office Address (MUST BE FLORIDA STREET		FILE OCT 20 LLAMASSEE	
	Clermont, FI	34711		FILED FILED
(b)	Randall Crecelius		40190-	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	Iress:	-
	950 West Magnolia Street			
	NEW Registered Office Address:			
	Clermont, FL	34711		
the ch agent was/w	limited liability company is not organized under the lat ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist iability con of the limit limited li	tered office and the business off mpany, it is hereby confirmed th ited liability company or as othe iability company.	ice of the registered nat the change(s)
Signa	ature of a member or authorized representative of a member	Step	ohen M Cook Printed or typed name o	fsignee
l here provis the ob to mer notifie	thy accept the appointment as registered agent and agent ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I d'in writing of this change. Autor of the change	ree to act e performa ed for in C hereby co	in this capacity. I further agree	to comply with the
ទាន្មរាងព	ure of Registered Agent			1

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