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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special instructions to Filing Officer:		
	A. LUNT	
	DEC 20 2010	
	EXAMINER	

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PALLAHASSEE FLORID

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Crown asset MANAGE Name of Limit	ed 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:	
Michael MARIND Name of Person Crown asser Manage Ment Firm/Company 1730 S. FEDERAL HWY 257 Address Delray Ben FL. 33483 City/State and Zip Code CDSMPM D GMail. Com E-mail address: (to be used for future annual report notifications)	A A B B B B B	ī
For further information concerning this matter, ple	ease call:	
Michael MARINO at (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:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

ATEMENT 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.

y	
1. Name of the limited liability company: Crown as	SSET MANAGEMENT, LLC.
2. (a) Principal office address of limited liability compan	y: Crown asset management us
(Note: MUST BE STREET ADDRESS)	1730 S. FEDERAL HWY 1 252 Delray Bolh. PL 32/483
(b) Mailing address of limited liability company:	Crown asset Mangement Li
(Note: MAY BE POST OFFICE BOX)	1730 S. FEDERAL HWY # 252
410 - 2007	1 ~ 7 ~ ~ 20 20 1
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Lawrence Caplan Pa.
Registered Office Address:	1900 Corporate BLUD 400 R BOCA PATON, FL 33431
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Michael MARINO 1730 S. FEDERIL HWY 252 Delray Boh FL 33483
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is bereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Wichat Mario O 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 preand I am familiar with and accept the obligations of my pool Chapter 608, p. Or, if this document is being filed to me address, I have by confirm that the limited liability company. Signature of Registered Agent	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization