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DIVISION OF CORPORATIONS

07 OCT -5 PM 1: 42

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: CREW MONEY (Name of Limited)	J LLC Liability Company)
(Name of Emined	Elabrity Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	
PHYLLIS GREENB (Name of Person)	0
CREW MONEY LLC (Firm/Company)	07 OCT -5
5688 Wind DRIFT	ON OF CORPORATIONS CANE LANE
BOCA RATON, FL. 330 (City/State and Zip Code)	433
For further information concerning this matter, pleas	se call:
Phyllis GReevseno at () (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 amou	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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.

1. The name of the limited liability company is: CREW MONEY LLC	<u> </u>
2. The mailing address of the limited liability company is: 1406 N. OCEAN	V BLUD.
POMPANO BEACH, FL 33062	
JULY 5, 2007 L07000704.	3/
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State:	of the
ALLAN S. GREENBERG Name 1406 N. OCEAN BLUD. Address Pompano BEACH, FL 33062 City, State and Zip	OT OCT
6. The name and address of the new registered agent and/or office:	SCT - SEE
BURT STUTCHIN Name 3603 S.F. 21 ST PLACE Florida street address (P.O. Box NOT acceptable)	RY OF STATENS CORPORATIONS
CAPE CORPL FL 33904-5023 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is h	arahy

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)

HIAN S. GALENBER G.

(Printed or typed name of signee)

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 608, 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.

(Signature of Régistered Agent)

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