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COVER LETTER

Division of Corporations	
CR GLOBAL, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Holly Nikolich	
Name of Person	
Mika & Nikolich, PA	
Firm/Company	
1330 Main Street, 2nd Floor, Office 1	
Address	
Sarasota, FL 34236	
City/State and Zip Code	
Holly1@mnfirm.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Holly Nikolich	941 345-7941
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 following amount	nt:
■ \$25 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.

Nan	ne of the limited liability company:	С		
a) _	86 S. Orange Avenue. Saarasota, FL 34236	(I	786 S. O	range Avenue, Saarasota, FL 34236
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(99/19/2007	_	L07000093	5912
	Date of filing/registration in Florida	4.		Document number
a)	Margaret Shoaf			_
F	Registered Agent and Registered Office shown on the records of the	he Florida	a Dept. of Sta	nte:
	49 N. Washington Blvd., Suite 29			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>s)</u>	فہ ،
				1023
	Sarasota	34236		E E T
ŀ	Holly Nikolich			FILE TATLAHASSEE
_	inter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	
	1330 Main Street, 2nd Floor, Office i			D RELORIDA
	NEW Registered Office Address:			D D
	Sarasota	34236		
ige o it wi wer	nited liability company is not organized under the law or changes are made, the Florida street address of the Ill be identical. Or, in the case of a Florida limited lial e authorized by an affirmative vote of the members of less of organization or the operating agreement of the I	registere bility co f the lin imited l	ed office at impany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
mato	re of a member or authorized representative of a member		urien iviayr.	Printed or typed name of signee
reby isió oblig erel	c accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided y reflect a change in the registered office address. I him writing of this change	re to act perform for in C ereby co	in this cap ance of my Chapter 60 onfirm thai	pacity. I further agree to comply with the

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