

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE CRS APOLLO, LLC

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FAX AUDIT NO.: H13000241051 3

STATEMENT 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.

1. Name of the limited liability company: CRS Apollo, 11.0	
2. (a) Principal office address of limited liability company:	1427 Clarkview Daniel
(Note: MUST BE STREET ADDRESS)	Suile 500
(11201 22011,421 11224,635)	Ballimore, MD 21200
(b) Mailing address of limited liability company:	1427 Clarkview Road
(Note: MAY BE POST OFFICE BOX)	Sulte 500
	Ballmon, MD 21209
06/27/2008	4
	Document number
J. Const of Innigrogistiation in Profita	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	David K. Fowler
Registered Office Address:	Henderson Franklin Starnes & Holt, PA
•	1848 Perminkle Way, Suite B
	Sanibel, FL 33957
(MUST BE FLORIDA STREET ADDRESS)	For Myers Flasgor: Carry State of Florida, it is hereby rida street address of the registered office Carry
and the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) we	al. Or, in the case of a Florida limited of
the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	· n · 🛣
/ Walle A. V. Marin	=====================================
Signature of a member or authorized representative of a member	ਜ਼ਿੰਨ ਜ਼ਿੰਨ ਜ਼ਿੰਨ
Michele A. Williams	in the second se
Printed or typed name of signee	
I hereby accept the appointment as registered agent and agr. comply with the provisions of all statules relative to the prop and I am familiar with and accept the obligations of my posit Chapter 608, F.S. Gr. if this document is being filed to merel address. I hereby confirm that the limited liability company h	ee to act in this capacity. I further agree to er and complete performance of my duties, jon as registered agent as provided for in ly reflect a change in the registered office as ocen notified in writing of this change.
Mgp dur of Registered Agent Erin E. Houck-Toll, Vice Pro	csident
Division of Curporations, P.O. Box 6327. FILING FEE: \$25.	, Tallahassee, FL 32314
E SAULT EVILLE E	vv

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