Division of Corporations

H20000164874 3

# Florida Department of Stat

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TOI

Division of Corporations

Fax Number : (850)817 6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 : (702)866-2500 Fax Number : (702)366 2689

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

Email Address: documents@incorp.com

### LLC REGISTERED AGENT CHANGE CRAIG TECHNOLOGIES PROPERTIES, LLC

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#### COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Craig Technologie	s Properties, LLC
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Liability Company
Dear Sir o	or Madam:	
The enclo	sed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the	ne following:
	Patricia Reyes	
	Name of Person	
	InCorp Services, Inc.	
	Firm/Company	<del></del>
	3773 Howard Hughes Pkwy., Suite 500S	
	Address	
	Las Vegas, NV 89169-6014	
	City/State and Zip Code	
	documents@incorp.com	<del></del> .
E-m	nail address: (to be used for future annual report no	ntification)
For furthe	er information concerning this matter, please call:	
Patricia	Reyes for InCorp Services, Inc. at ( 702 Name of Person	2 ) 866-2500 Area Code & Daytime Telephone Number
ī: 1. P	Agiling Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ł	Enclosed is a check for the following amount:	
Ī	S25 Filing Fee	S55 Filing Fee & Certified Copy

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## 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.

(a)			(b)		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	150 N. Sykes Creek Pkwy, Suite 200		150 N. S	Sykes Creek Pkw	y, Suite 200
	Merritt Island, FL 32953		Merritt I	sland, FL 32953	
	05/25/2010		L100000	ا ' '56259	
	Date of filing/registration in Florida	4.		Document number	
(a)	Widerman Malek, PL				
(,	Registered Agent and Registered Office shown on the records	of the Flo	rida Dept. of Sta	ite:	
	1990 W New Haven Ave., Ste. 201				2
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	<u>(2.2.3)</u>	_	020
	Melbourne , I	FL	32904	_	2020 JUH-2 MIII:
٠٠,	Enter name of NEW Registered Agent and/or NEW Register	red Office	address:	!	
	17888 67th Court North				2
	NEW Registered Office Address:			_	
	regiment office reading.				
			00470	<del></del>	
	Loxahatchee,	FL	33470		
ange ent s 18/w	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the Mills of the Mills of the member icles of organization or the operating agreement of the Mills of the Mills of the member icles of the me	he regis liability is of the he limite	tered office at company, it limited liabili	nd the business office is hereby confirmed to be company or as other many.	e of the registered that the change(s)
Signa	ture of a member or authorized representative of a member	-		Printed or typed name	of signee
yruis.	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address,	te nerto	mance of my	' autes, ana 1 am jan	uuar wun ana acc
o mer	d in writing of this change.		•		i e