## L10000056762

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| (Requestor's Name)                      |                    |              |
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| (City/State/Zip/Phone #)                |                    |              |
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| Certified Copies                        | Certificates       | s of Status  |
| Certified Copies                        | _ Continuates      | o o otatus   |
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| Special Instructions to Filing Officer: |                    |              |
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T. CLINE F. SANDA

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EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |   |
|--|---|---|
|  | INVESTMENTS, LLC d Liability Company  |   |
| Dear Sir or Madam:   |   |   |
| The enclosed Registered Agent/Registered Office Office   | Change and fee(s) are submitted for filing.   |   |
| Please return all correspondence concerning this ma  | natter to the following:  |   |
|  |   |   |
| Janet C. Tolbert, Manager Name of Person   | <del></del>   |   |
| CRUMPS FLA. INVESTMENTS, LLC Firm/Company  | ZOHD SE<br>TALL P   |   |
| 1308 West North Blvd Address   | ZOHO SEP 10 AND OUTALL AHASSEE, FLORID  |   |
| Leesburg, FL 34748  City/State and Zip Code  | STATE LORIDA  | 2 |
| jtolbert@grizzardcommercial.com E-mail address: (to be used for future annual report notification  | on)   |   |
| For further information concerning this matter, plea   | ase call:   |   |
| Janet C. Tolbert, Manager at (   | 352 ) 314-1552 ext 1112  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 amount:  |   |   |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |   |

INHS18 (5/08)

## 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: CR  | UMPS FLA. INVESTMENTS, LLC   |
|---|--|
| 2. (a) Principal office address of limited liability com  | pany: 1308 West North Blvd   |
| ( <u>Note: MUST BE STREET ADDRESS</u> )   | Leesburg, FL 34748   |
| (b) Mailing address of limited liability company:   | Janet C. Tolbert, Manager  |
| (Note: MAY BE POST OFFICE BOX)  | 1308 West North Blvd<br>Leesburg, FL 34748   |
| May 26, 2010  | L10000056762   |
| 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:   | Tolbert, Janet C. ZS 22  |
| Registered Office Address:  | 4815 Kensington Park Blvd Company Corlando, FL 32819   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:   | NEW Registered Office address: ORIGINAL STATES OF STATES |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | c/o ERA TOM GRIZZARD, INC.<br>1308 West North Blvd<br>Leesburg. ,FL34748   |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company. | the Florida street address of the registered office dentical. Or, in the case of a Florida limited see(s) was/were authorized by an affirmative vote   |
| Janet C. Tolbert, Manager Printed or typed name of signee   | <del></del>  |
| I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of michapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition of Registered Agent  | nd agree to act in this capacity. I further agree to<br>e proper and complete performance of my duties,<br>y position as registered agent as provided for in<br>o merely reflect a change in the registered office<br>pany has been notified in writing of this change.  |

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