L!1000110016

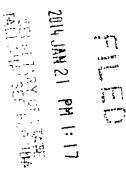
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| · | | | |
| | | | |

Office Use Only



300255626503

01/21/14--01008--022 **410.00



JAN 24 2014 T CLINE

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: RS/CREWS, L.L.C. | | |
|---|---|---|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | 1004A N. Lockwood Ridge Road | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | Sarasota, Florida 34237 Same as above | |
| | | 2014 Sec. |
| 09/26/2011 2. Data of filing/registration in Florida | 4. Document number | |
| 3. Date of filing/registration in Florida | 4. Document number | TO SECULIAR |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida D | ept. of State: |
| Registered Agent: | Jeffrey S. Russell | |
| Registered Office Address: | 240 S. Burgannia Avenue, 10th Floor | |
| | 240 S. Pineapple Avenue, 10th Floor Sarasota, Florida 34238 | |
| NEW Registered Office Address: | 240 S. Pineapple Avenue, 10th Floor | |
| NEW Registered Office Address: | 246 S. Bioggania Avanua, 10th Floor | |
| (MUST BE FLORIDA STREET ADDRESS) | Sarasota | .FL 34236 |
| | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company | e Florida street address of the relentical. Or, in the case of a Flecs) was/were authorized by an twise provided in the articles of | registered office orida limited affirmative vote of |
| Signature of a member or authorized representative of a member | | |
| Printed or typed name of signee | <u> </u> | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | d agree to act in this capacity, proper and complete perform position as registered agent a merely reflect a change in the cany has been notified in writin | I further agree to ance of my duties, is provided for in registered office ig of this change. |
| Division of Corporations, P.O. Box | 6327, Tallahassee, FL 3231 | 4 |

FILING FEE: \$25.00