U200004551

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	≥ #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		
		:		





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AUG 13 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations				
Registration agents address c SUBJECT:	:hange			
	mited Liabilit	y Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are subm	itted for filing.	
Please return all correspondence concerning th	is matter to t	he following:		
Brandon J Martinez				
Name of Person		_		
Ivy Crown Solutions LLC				
Firm/Company		_		
14842 sw 143rd terrace				
Address	 	-		
miami, fl 33196			SE SE	
City/State and Zip Code		_	2019 AUG SHEGRETA FALLAHA	
bmartinez@ivycrown.com			INY (
E-mail address: (to be used for future annual report noti	ification)	-	PH	lierman L
For further information concerning this matter,	, please call:		I: 37	g sea
Brandon J Martinez	305	7107247		
Name of Person	at (rea Code & Daytime Tel	ephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	ALING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 323		
Enclosed is a check for the following	amount:			
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant so 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.

agein, or born, in the State of I tortua.	
1. Name of the limited liability company: Ivy crown so	lutions LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 14842 sw 143rd terrace miami fl 33196
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 14-0386
THE THE PART OF THE BOX	coral gables, fl 33134-0386
01/10/2012	L12000004551
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Brandon J Martinez
Registered Office Address:	820 lorca st
	coral gables fl 33134
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address
NEW Registered Agent:	Brandon J Martinez
NEW Registered Office Address:	14842 sw 143rd terrace : :
(MUST BE FLORIDA STREET ADDRESS)	mlaml
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 idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise organized agreement of the limited liability company. Signiture of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited
Brandon Martinez	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand flam familiar with and accept the obligations of my pand flam familiar with and accept the obligations of my pand flam from the companies of the confirm that the limited liability companies, thereby confirm that the limited liability companies of Registered Agent.	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in herely reflect a change in the registered office my has been notified in writing of this change.

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