# Iorida Department of State

## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:			 	

### LLC REGISTERED AGENT CHANGE **CROWN PROPERTIES & INVESTMENTS LLC**

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#### **COVER LETTER**

FO: Registration Section Division of Corporations

## CROWN PROPERTIES & INVESTMENTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning th	is matter to the following:			
Vanessa Castillo				
Name of Person				
Registered Agent Solutions, Inc.				
Firm/Company				
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400			
Address				
Austin, TX 78735				
City/State and Zip Code				
E-mail address: (to be used for future ann	nual report notification)			
for further information concerning this matter,	please call:			
Vanessa Castillo	888 705-7274			
Name of Person	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:			
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

NHS18 (2/14)

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

ursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company abmits the following statement in order to change its registered office or registered agent, or both, in the State of lorida.

Na	me of the limited liability company:	CROWN P	ROF	PERTIE	S & INVES	TMENT	S LLC
(a)	7 PENN PLAZA,		(b	, 7 PE	NN PLAZ	A	
,	Principal office address of limited lis (Note: MUST BE STREET &	• •	_ ,-	, <u> </u>	Mailing address of limi (Nate: MAY BE PO		
	Suite 830		_	Suite	830		
	New York, NY 100	01	_	New	York, NY	10001	
	6/20/2012			L1200	00081789		
	Date of filing/registration in	Florida	4.		Document numbe	r	
(a)	BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.						
1,	Registered Agent and Registered Office show	wn on the records of th	e Florida	Dept, of State	- ::		
	155 Office Plaza D	r.					
	Registered Office Address (MUST BE F	LORIDA STREET AL	DDRESS	7	•	20	•
	1st Floor					2023 JAN	7.,
	Tallahassee	FL_\	3230	01		IAN 20	
(b)	Registered Agent S	Solutions,	Inc.			) AH II: 27	
	Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered O	office ad	iresy:		=	٠٠, <del>.</del> ٠٠
	155 Office Plaza D	r.				27	-
	NEW Registered Office Address:						
	Suite A						
	Tallahassee	, FL_ <u>^</u>	3230	)1			
	mited liability company is not organi						

the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after e change or changes are made, the Florida street address of the registered office and the business office of the registered ent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in e articles of organization or the operating agreement of the limited liability company.

#### DREW BERNSTEIN

DREW BERNSTEIN Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept e obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been officed in writing of this change.

Mackenzie Hart, Asst. Secretary

gnature of Registered Agent