

L13000013615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

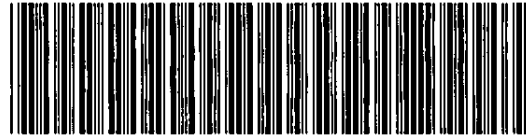
(Business Entity Name)

(Document Number)

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EXAMINER

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ADDRESS
change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWNING CAPITAL GROUP 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 this matter to the following:

EZRA SMITH

Name of Person

CROWNING CAPITAL GROUP

Firm/Company

434 JACKSON ST

Address

DUNEDEN FL 34698

City/State and Zip Code

CROWNING CAPITAL GROUP @ GMAIL . COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EZRA SMITH

Name of Person

at (727) 638-0706

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

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

Pursuant to the provisions of sections 60S.416 or 60S.50S, 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: CROWNING CAPITAL GROUP LLC
2. (a) Principal office address of limited liability company: 1497 MAIN ST
(Note: MUST BE STREET ADDRESS) DUNEDIN FL 34699 STE #145
- (b) Mailing address of limited liability company: 1497 MAIN ST
(Note: MAY BE POST OFFICE BOX) DUNEDIN FL 34699 STE #145
- WAK/RS 1/28/2013 L13000013615
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: _____

Registered Office Address: _____

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: _____

NEW Registered Office Address: _____
(MUST BE FLORIDA STREET ADDRESS)

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

Signature of a member or authorized representative of a member

ERLA SMZYH
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60S, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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