L13CCCC 44236

(Requestor's Name)							
(Address)							
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(City	y/State/Zip/Phone	e #)					
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations		
SUBJI	CRESCENT BEACH CARE,	LLC	
0000		e of Limited Liability Company	_
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
ADRI	AN S LONG, MD		
	Name of Person		
CRES	SCENT BEACH CARE, LLC		
	Firm/Company		
6573	A1A SOUTH		
	Address	· .	
ST. A	UGUSTINE, FL 32080		
	City/State and Zip Code		
	E-mail address: (to be used for future annu	ual report notification)	
	ther information concerning this matter,		
	E ANDREWS, ESQ.	904 471-0553	
	Name of Person	Area Code & Daytime Telephone Num	ber
	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 605.0114 or 605.0116, 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.	Na	me of the limited liability company: CRESCENT B	BEAC	H CARE, LL 	_C			
2	(a)	CRESCENT BEACH CARE, LLC	1	b) CRESCE	ENT BEACH C	CH CARE, LLC		
	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· · —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		6573 A1A SOUTH	_	6573 A1A	SOUTH			
		ST. AUGUSTINE, FL 32080		ST. AUGUSTINE, FL 32080				
3.		Date of filing/registration in Florida	4.		Document number	er		
5	(a)	ADRIAN S LONG						
J.	(4)	Registered Agent and Registered Office shown on the records of the CRESCENT BEACH CARE, LLC	he Flori	da Dept. of State:			ye.	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			Ä	201	.4	
		6573 A1A SOUTH			S 8 77 :			
		ST. AUGUSTINE , FL	32080)	2019 OCT 51 ALLAHASSI			
(h	(b)	GAIL E ANDREWS			हेचा <u>ं</u> जा		M	
	,-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				9: 20		
		GAIL E ANDREWS, ATTORNEY AT LAW			<u> </u>	iu o		
		NEW Registered Office Address:						
		1750-G A1A SOUTH						
		ST. AUGUSTINE . FL	32080)				
the age wa	cha ent v s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility f the li limited	gistered office company, it is mited liability I liability com	and the business hereby confirme company or as o pany.	office of t d that the	the registered change(s)	
	A	ture of a member or authorized representative of a member	G,	AIL E ANDR	REWS Printed or typed nan	na of cianas		
	. •	by accept the appointment as registered agent and agre	re In a				anly with the	

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 605, 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