Fax: 8134365206



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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE CRUIKSHANK INVESTMENTS 1, LLC

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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.

l. 8	fame of the limited liability company: CRUIKSHANK I	INVESTMENT	S 1, LLC		
2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300	7	7901 4th St N STE 300		
	St. Petersburg FL 33702		St. Petersburg FL 33702		
	07/24/13	L1	3000104684		
3.	Date of tiling/registration in Florida		Document number		
5. (a	CRUIKSHANK, NORA				
(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	4946 SE 37TH AVE				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
			1025		
	OCALA . F	L_34480			
(0)	Registered Agents Inc				
	Enter name of NEW Registered Agent and/or NEW Registere	<u></u>			
	7901 4th St N		PILEU PH 4: 53		
	NEW Registered Office Address:				
	STE 300				
	St. Petersourg	33702			
the chagent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited latered authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member of authorized representative of a member of a provint and agreement agreement and agreement agreement and agreement agreemen	of the registe liability come of the limited the limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in pility company. Rosin Jones Printed or typed name of signee this capacity. I further agree to comply with the		
provis the ob to mei	ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid why reflect a change in the registered office address, t d in writing of this change.	e performanted for in Cha I hereby conj	ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
Clare	Daild Charits David Roberts - Assistant	Secretary			
ារមានប	are of Registered Agent				