

L140000 11304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

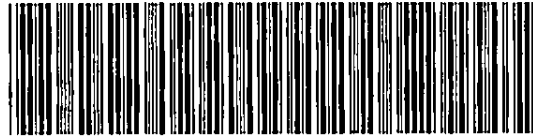
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 17 A 2:19

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1/22/19 Qs



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2018

ISAURA H MOORE
4900 N OCEAN BLVD UNIT 1621
LAUDERDALE BY THE SEA, FL 33308

SUBJECT: CRYSTAL MARIE TWO, LLC
Ref. Number: L14000011304

2019 JAN 17 A 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for CRYSTAL MARIE TWO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00026409

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRYSTAL MARIE TWO, LLC
Name of Limited Liability Company

2019 JAN 17 A 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2019 JAN 17 AM 10:06

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:

ISAURA H MOORE

Name of Person

Crystal Marie Two, LLC

Firm/Company

4900 North Ocean Blvd, Unit #1621

Address

Lauderdale By The Sea, FL 33308

City/State and Zip Code

imoore0812@aol.com

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

For further information concerning this matter, please call:

Isaura H Moore

Name of Person

at (561) 289-6620

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 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. Name of the limited liability company: Crystal Marie TWO, LLC

2. (a) 4900 North Ocean Blvd, Unit #1621
Lauderdale By The Sea, FL 33308(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)

01.21.2014

L14000011304

3. Date of filing/registration in Florida

4. Document number

5. (a) Jeffrey L Moore
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4900 North Ocean Blvd, Unit #1621, Lauderdale
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL _____

FILED
2019 JAN 17 A 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FL-33308

(b) Isaura H Moore
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4900 North Ocean Blvd, Unit #1621
NEW Registered Office Address:

Lauderdale By The Sea, FL 33308

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.

Isaura H. Moore
Signature of a member or authorized representative of a member

Isaura H Moore
Printed or typed name of signee

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.

Isaura H. Moore
Signature of Registered Agent