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(Red	questor's Name)	-
(Add	iress)	
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(City	//State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Crown Creative LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning the	nis matter to the f	ollowing:				
Mich	ael King						
	Name of Person		_				
Crow	n Creative LLC						
	Firm/Company		_				
201 8	E. Pine Street Ste #200						
- ·	Address		_				
Orlar	ndo Florida 32801						
•	City/State and Zip Code						
mkin	g@elevationfinancialgroup.com						
I	E-mail address: (to be used for future and	nual report notific	cation)				
For fu	rther information concerning this matter	, please call:					
Micha	ael King	407 at (230-2370				
	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	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314				
	Enclosed is a check for the following	g amount:					
	2 \$25 Filing Fee	□ \$55	Filing Fee & Centified 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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of (Note: MAY I	of limited liab	ility con	
	632 E. Amelia St.		632 E. A	Amelia St.			
	Orlando FL. 32803		Orlando	, FL. 32803	-	-	,
	3/21/2014		L1400004	47083			
3. 5. (a)	Date of filing/registration in Florida Michael King	4.		Document nu	ımber		
·- (-)	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET) 632 E. Amelia St.	ADDRES	<u>s)</u>	_	ALL:	19 A	
	Orlando F	32803	}	_	aziri Aran Jakan	AUG 30	7
(b)	Same - Michael King Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ldress:	_	EC COMDA EC COMDA	AH 10: 2:5	m
	NEW Registered Office Address:		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_			
	201 E. Pine St. Ste #200			_			
	Orlando, Fi	_32803		_			
the chargent vas/we he arti	imited 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 lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member oby accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address.	of the reginability of the line limited Michael Micha	istered office company, it is nited liabilith liability con chael King	e and the busis hereby confiry company or npany. Printed or types	ness office irmed that t as otherwised d name of sign	of the he chase prov	registered nge(s) rided in

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Signature of Rogistered Agent