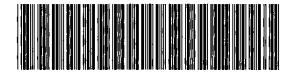
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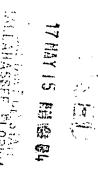
(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(B	Business Entity Nar	m e)
(C	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
- -		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CRESTUTEW 3 Name of Limit	Helding LLC ed 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:		
MARCIAL Solis Name of Person	·		
CREGIVIEW 3 Holding	45110		
16321 S.W. 60 Jerraco Address			
MiAMI FL 33193 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MANCIAL SOLIS at (305) 790 4877			
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
V \$25 Filing Fee	7 \$55 Filing Fee & Certified Conv		

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:	10 3 Holdings L/C
2. (a) HOBEL S.W. ON TOTALS Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIDMI, FL 33195	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida 5. (a) Express Corporate Fibral	4. Document number Service Luc
Registered Agent and Registered Office shown on the records of the land Registered Office Address (MUST BE FLORIDA STREET ADD.)	Florida Dept. of State:
(b) MAN CIAL SOLIS Enter name of NEW Registered Agent and/or NEW Registered Off	ice address:
16321 S.W. W VERTACE NEW Registered Office Address:	
Micepell, FL	33193
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of the the articles of organization of the operating agreement of the lim	registered office and the business office of the registered ity company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in ited liability company.
Signature of a member of authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a charge in the registered office address. I here notified my writing of this change. Signature of Registered Agent	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept r in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been