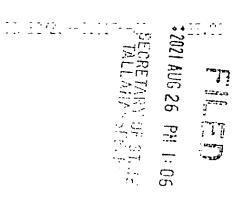
L14000/43946

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



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COVER LETTER

TO:		tration Section on of Corporations				
CUDII	ecr.	CRT CIV, LLC				
SOBJE	Name of Limited Liability Company					
Dear S	Sir or M	adam:				
The en	closed	Registered Agent/Registered	Office Change and for	ee(s) are submitted for filing.		
Please	return a	all correspondence concerning	g this matter to the fo	ollowing:		
EUGEI	NE H. C	AUDETTE				
-		Name of Person		_		
		Firm/Company		_		
P.O. B	OX N					
		Address		_		
SANFO	ORD, M	E 04073				
		City/State and Zip Coo	de			
-	@ehglav					
E	E-mail a	ddress: (to be used for future	annual report notific	ation)		
For fur	rther inf	ormation concerning this ma	tter, please call:			
TIFFA	NY CA	MIRE	207 at (324-1551		
•		Name of Person	<u>-</u>	Area Code & Daytime Telephone Number		
	Regis Divis P.O.	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclo	sed is a check for the follow	ving amount:			
	■ \$2:	5 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		

INHS18 (2/14)

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	ame of the limited liability company: CRT CIV, LL	.C			
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	845 E 49TH STREET		280 MERRIMACK STREET		
	HIALEAH, FL 33013		METHUEN, MA 01844 L14000143946		
	SEPTEMBER 15, 2014	L			
3.	Date of filing/registration in Florida	4.	Document number		
5 (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:		
	CAFUA CONSULTING COMPANY, LLC				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	12236 TILLINGHAST CIRCLE				
	PALM BEACH GARDENS . FI	33418			
	. [1	L			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	2021 AUG SECRETA TALLAM		
	NEW Registered Office Address:		25		
	4100 N POWERLINE ROAD, UNIT MI		3 3		
	POMPANO BEACH	L33073	PH 1:06		
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registered iability com of the limite limited lia	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
Sions	ature of a member or authorized representative of a member		Printed or typed name of signee		
l here provis the ob to mer	why accept the appointment as registered agent and age ions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I additionally this change.	ree to act in performan ed for in Ch hereby con,	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accepapter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
Signati	ure of Registered Agent				