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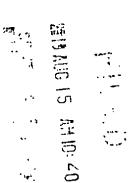
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations		·				
SUBJECT:	CRM BUSINESS, LLC						
Someer.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the fo	ollowing:				
MARCIA F	PHELIPE						
<u>.</u>	Name of Person	-	_				
CRM BUS	INESS, LLC						
	Firm/Company		=				
9729 VINE	EYARD CT						
_	Address						
BOCA RA	TON - FL 33428						
	City/State and Zip Code		-				
PRIMEINO	COMETAX1@GMAIL.COM						
E-mail	address: (to be used for future ann	ual report notifica	ation)				
For further in	nformation concerning this matter,	please call:					
MARCIA P	HELIPE	561	774-0517				
-	Name of Person		Area Code & Daytime Telephone Number				
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
☑ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State is Florida.

Florida	•						
I. Na	ame of the limited liability company: CRM BUSIN	IESS, L	LC				
2. (a)		(b)				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	9729 VINEYARD CT	·	9729 VIN	EYARD CT			
	BOCA RATON - FL 33428		BOCA RA	ATON - FL 33	- FL 33428		
	0303/2015		L1500003	9040			
3.	Date of filing/registration in Florida	4.		Document numb	per		
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept, of State:				
	PRIME INCOME TAX AND ACCOUNTING	LLC					
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	SS)				
	23269 STATE ROAD 7, SUITE 119						
	BOCA RATON	33428	3				
					٠, جن	2 5	
(b)							
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	<u>ddress</u> :				
	RAFAELA VIEIRA					<u></u>	
	NEW Registered Office Address:				•	71	
	23269 STATE ROAD 7, SUITE 119					Ģ	
					ŢΨ ₁ ,	0.7	
	BOCA RATON	_{-L} 33428	3				
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members cicles of organization or the operating agreement of the member of a member or authorized representative of a member	of the reg liability s of the li te limited	gistered office company, it is mited liability	and the busines hereby confirm company or as pany. LIPE	s office ed that otherw	of the registered the change(s) ise provided in	
				Printed or typed na			
I here provis the ob to mer notifie	the accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provided the reflection change in the registered office address, and in writing of this change.	gree to a te perfor ded for it I hereby	ct in this capa mance of my a i Chapter 605, confirm that t	city. I further a luties, and I am F.S. Or, if this he limited liabil	igree to Jamilia docum lity com	comply with the r with and accep ent is being filed pany has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)