## 45000085477

(Req	uestor's Name)	<u>-</u>
(Addi	ress)	
(Adda	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP		MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
		19/3/
		10. VX

Office Use Only



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FILED
2021 OCT 11 PM 10: 21
SECRETARY OF STAN

## **COVER LETTER**

Division of Corporations								
Crown Center Retail, LLC SUBJECT:								
Name of Limited 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 n	natter to the following:							
Louise Jaffe								
Name of Person	<del></del>							
Midgard Management, Inc.								
Firm/Company	<del></del>							
1475 W. Cypress Creek Road, Suite 202								
Address	<del></del>							
Fort Lauderdale, FL. 33309								
City/State and Zip Code								
LJaffe@midgardmanagement.com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, plo	case call:							
Louise Jaffe	954 640.0233 at ( )							
Name of Person	Area Code & Daytime Telephone Numbe							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following am	iount:							
■ \$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.

Nai	ne of the limited liability company.		Cro	سم	Cente	<u>, (</u>	<u> </u>	<u>مذا </u>	<u> </u>
(a) _	1475 W. Cypress Creek Road	(t	Same		_				
(") _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	·/		ng address of l ote: MAYBE		•	• -	
	Suite 202								
	Fort Lauderdale, FL. 33309								
	05/14/2015		L150000	085477					
	Date of filing/registration in Florida	4.		Doo	cument num	ber			
(a)	Cliff Hertz								
	Registered Agent and Registered Office shown on the records of the	Florida	a Dept. of S	State:					
	Nelson Mullins Broad and Cassel								
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES!	(3)						
	One N. Clematis St. #500								
	West Palm Beach . FL 3.	3401					•	-3	
							5.0°		~()
(b)							5.5		The second
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ad	<u>ldress</u> :				مرنستر در		•
	360 South Rosemary						<u>ن</u> ۲	BOOK TO SERVICE	3/0
	NEW Registered Office Address:							39	ζ.
	Suite 1410							8,14	. ^
	West Palm Beach, FL 3	3401							
inge ent w s/we artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited of a member or authorized representative of a member	gistere lity co he lin nited l	ed office empany, i nited liabi liability c	and the it is her ility co compan	business of by confirm bany or as	ffice o led tha other	f the re it the cl wise pr	gistered iange(s) ovided ii	
- 1	0,								he
eren visio obli	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f by reflect a change in the registered office address. I he	io aci rform or in C why ci	ance of n Chapter 6 Ontirn th	apacity ny dutie 505, F.S at the l	s, 1 juriner 6 s, and I am S. Or, if this imited liabil	igree i famili docu	ar with ment is	ay wuu t and acc being fil bas ƙoon	ept ed

Signature of Registered Agent