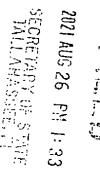


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





DE 3312:--310:7--100 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations			
CHDI	D.C.T.	CRT XCIII,	LLC	
SUBJ	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	Office Change and fe	ee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the fo	llowing:	
EUGE	NE H. GAUDETTE			
	Name of Person		_	
	Firm/Company		_	
P.O. B	, ,			
	Address		-	
SANF	ORD, ME 04073		_	
	City/State and Zip Coo	le	_	
_	@ehglaw.com			
E	E-mail address: (to be used for future	annual report notific	ation)	
For fu	rther information concerning this ma	tter, please call:		
TIFFA	NY CAMIRE	207 at (324-1551	
	Name of Person		Area Code & Daytime Telephone Number	
	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 follow	ving amount:		
	■ \$25 Filing Fee	□ \$55	Filing Fee & Centified 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	me of the limited liability company:CRT XCIII, I	.LC		
2. (a)		(b))	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAY BE POST OF	
	5610 W SAMPLE ROAD		280 MERRIMACK STREET	
	MARGATE, FL 33073		METHUEN, MA 01844	
	JUNE 25, 2014	ı	L14000101631	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records o	the Florida	Dept. of State:	~
	CAFUA CONSULTING COMPANY, LLC		TAL	021
	Registered Office Address (MUST BE FLORIDA STREET			
	12236 TILLINGHAST CIRCLE		2021 AUG 26 SECRETARY TALLAHA	
	PALM BEACH GARDENS, F	L 33418	<u></u> :か へ	P, M
				- T
(b)				ယ်
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	11053.	
	NEW Registered Office Address:	<u>-</u>		
	4100 N POWERLINE ROAD, UNIT MI			
	POMPANO BEACH , F	L_33073		
chang agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the 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	e registere lability con of the limi e limited li	d office and the business office of t mpany, it is hereby confirmed that t ited liability company or as otherwi	ne registered the change(s)
Sign	ature of a member or authorized representative of a member		Printed or typed name of sig	nee
provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided with reflect a change in the registered office address, led in writing of this change.	gree to act e performa ed for in C hereby co	in this capacity. I further agree to ince of my duties, and I am familiar hapter 605, F.S. Or, if this docume infirm that the limited liability comp	comply with the with and accep ent is being filed cany has been
Signat	ure of Registered Agent			