L15000152468

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Crt	y/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Name)			
(Do	cument Number)			
Certified Copies	Certificates of	f Status		
Special Instructions to Filing Officer:				





300393466373

022 SEP -8 AM 9: 45

A. BUTLER SEP - 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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.

l. Na	me of the limited liability company: CRUNCHI, LLC	С	
2. (a)	1239 SE Indian Street, Unit 112	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Stuart, FL 34997		
	0908/2015	L15	000152468
3. 5. (a)	Date of filing/registration in Florida Dante A. Weston	4.	Document number
э. (u)	Registered Agent and Registered Office shown on the records of 1239 SE Indian Street	the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	2022 SEI
	Stuart , FL	34997	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office address:	AM 9: 45
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, FL	32301	
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered off bility compar f the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) is is been as otherwise provided in
	l Cilmi	Jill Cilmi	, Authorized Person
I hereb provision The obli		rporation Sc	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been rvice Company , Asst. Vice President
Signatur	e of Registered Agent	m wi. Caspei	, Assi. Vice rresident