

# L16000072851

\_\_\_\_\_  
(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



400441817704

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RECEIVED

2025 JAN 21 AM 11:40

2025 JAN 21 AM 11:43

TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA



CSC -.Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: x62969  
Date: 01/21/25  
Order #: 1775254-1  
Re: CR SQUARE LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the right side of the letterhead information.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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. Name of the limited liability company: CR SQUARE LLC
2. (a) 255 ALHAMBRA CIRCLE  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
SUITE 760  
CORAL GABLES, FL 33134
- (b) 255 ALHAMBRA CIRCLE  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
SUITE 760  
CORAL GABLES, FL 33134
3. 04/14/2016 Date of filing/registration in Florida
4. L16000072851 Document number

5. (a) Rodriguez, Carlos J.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

255 ALHAMBRA CIRCLE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 760  
CORAL GABLES, FL 33134

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

**FILED**  
**2025 JAN 21 AM 11:40**  
**TALLAHASSEE, FLORIDA**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Carlos J. Rodriguez Sr.

Signature of a member or authorized representative of a member

Carlos J. Rodriguez Sr., Manager

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Grace E. Kirby

Signature of Registered Agent

Grace E. Kirby, Asst Vice President