## 216000 142630

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	•
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## COVER LETTER

	•	COVERLETTER	_
TO: Re	egistration Section		
	ivision of Corporations	\$\$\frac{2}{5}\frac{2}{	Year ?
	Cranton IIC		36
SUBJECT		~	19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name of	Limited Liability Company	Contract to
Dear Sir o	r Madam:		Mark Option Constitution
The enclos	sed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	**, <b>.</b>
Please reti	urn all correspondence concerning this ma	ntter to the following:	
Patrick .	J. Andrews		
	Name of Person		
Crosstra	x, LLC		
-	Firm/Company	<del></del>	
404 Kell	y Plantation Drive, Unit 607		
	Address		
Destin, I	FL 32541		
	City/State and Zip Code		
patrick@	gtig.us		
E-ma	ail address: (to be used for future annual r	report notification)	
For furthe	r information concerning this matter, plea	ise call:	
Patrick J	J. Andrews	850 259-2479	
	Name of Person	Area Code & Daytime Telephone Number	
S	FREET/COURIER ADDRESS:	MAILING ADDRESS:	
R	egistration Section	Registration Section	
D	ivision of Corporations	Division of Corporations	
	lifton Building	P.O. Box 6327	
	661 Executive Center Circle allahassee, Florida 32301	Tallahassee. Florida 32314	
E	nclosed is a check for the following amo	ount:	
⊻	/   \$25 Filing Fee	S55 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

1. Na	me of the limited liability company: Crosstrax, L	LC				
2. (a)		(b)_				
	Principal office address of limited liability company:  (Note: MUST BE STREET (DDRESS)	<del></del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
•	404 Kelly Plantation Drive, Unit 607		Same			
	Destin, FL 32541		·-			
3.	Date of filing/registration in Florida	<u> </u>		Document number		
5. (a)	07/29/2016			•		
υ. (u)	Registered Agent and Registered Office shown on the records o Wood & Associates					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  980 Airport Road, Suite A			2019 JAN 10 PH 4: 10		
	Destin	L 32541		SSA		
* (b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Patrick J. Andrews			- OF 15		
	NEW Registered Office Address:			_		
404 Kelly Plantation Drive, Unit 607						
	Destin F	1. 32541		_		
the cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability com of the limite	red offic pany, it ed liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
	Fatuel Carlos	Patrio	ck J. Ai	ndrews		
-	ure of a member or authorized representative of a member			Printed or typed name of signee		
provision the obli- to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing in a second completing at the proper and completing at the proper and completing the property of	gree to act in Te performan led for in Ch I hereby con,	i this ca ce of my apter 60 tirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
Signatur	te of Registyred Agent					

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