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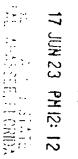
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
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S. WARREN 'JUN 2 6 2017

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Crossroads Management G	roup, LLC					
		ne of Limited Lia	bility Company				
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the fo	ollowing:				
Simo	ne Tolley						
	Name of Person		_				
Cross	sroads Management Group, LLC						
	Firm/Company		_				
106 5	State Road 60 East						
	Address		_				
Plant	City, Florida 33567						
	City/State and Zip Code		·				
simor	netolley@me.com						
1	I-mail address: (to be used for future ann	ual report notific	ation)				
For fu	ther information concerning this matter,	please call:					
Simo	ne Tolley	813 at (737-4444				
	Name of Person	\	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified 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.

١.	Νί	Name of the limited liability company: Crossroads Management Group, LLC						
?	(a)	106 State Road 60 East	(b) 106 State Road 60 East					
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· 	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Plant City, Florida 33567	_	Plant Cit	y, Florida 33567			
		May 23, 2017	_	L1700011	3870			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	S. Carolee Tolley						
	, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 106 State Road 60 East			范 4 17			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			JUH 23			
		Plant City , FL	33567		FILLED JUN 23 PM 12:			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C			2: 12 2: 12 0:000A			
		Shawn Harrison Associates, PLLC						
		<u>NEW</u> Registered Office Address:						
		1010 N. Florida Avenue						
		Tampa, FL	33602					
the age wa	cha ent v s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regist pility oc the lim	stered office ompany, it is sited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in			
		ne 160lla	Sim	one Tolle				
S	ignat	ure of a member or authorized representative of a member		-	Printed or typed name of signee			
pro the to t	ovisi obl. nere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided its reflect a change in the registered office address. I had inverting of this change.	erform for in (ance of my a Chapter 605	luties, and I am familiar with and accept - F.S. Or, if this document is being filed			
Sig	natu	re of Registered Agent						