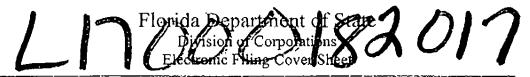
1/12/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000014793 3)))



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From:

Account Name : 0 L HOFMANN & ASSOCIATES, P.A.

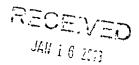
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

F 1 1	Address:			
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## LLC REGISTERED AGENT CHANGE CROWN WAY INGLEWOOD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



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Help

## H180000147933

## 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: CROWN WA	Y INGLEW	OOD, LLC
2. (a	)	(b)	
•	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	August 25, 2017 Date of filing/registration in Florida		_17000182017
٠.	4, 4,	4,	Document humber
5. (;	United States Registered Agents, Inc.  Registered Agent and Registered Office shown on the records of	of Since:	
	Registered Office Address (MUST BE FLORIDA STREET) 420 S. Dixie Highway, Suite 4B		
	Coral Gables	_33146 ·	-0 -2-
	Enter name of NEW Registered Agent antifor NEW Registered		* .
	NEW Registered Office Address:	<u>-</u>	<del></del>
	9300 S. Dadeland Blvd, Suite 600		·
	Miami, FI	L 33156	
the clagent	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	f the registered isbility compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	nature of a member or authorized representative of a member	Kenneth	R. Florio
			Printed or typed name of signee
I her prove the o to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I sed in writing of this change.	ree to act in this performance of ed for in Chapta hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, If this document is being filed a that the limited liability company has been
Signa	ture of Registered Agent		

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

INHS 18 (2/14)