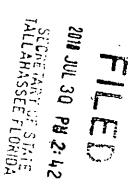
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Office Use Only



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* COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Crooked Pine Investments LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Harold Lewis Name of Person Crooked Pine Investments LLC Firm/Company
3347 NE Appaloosa St. B
Arcadia FL 34266 City/State and Zip Code
Chvis. LGinves tments @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Chris Lewis at (813) 777 - 3204 Script 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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.

1. Na	me of the limited liability company: <u>Crooked</u>	Pine	Investments	LLC
2 (a)		(h)	,	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		of limited liability company: BE POST OFFICE BOX)
	3347 NE Appaloosa St			
	Acadia, FL 32466			
	10/14/2017 Date of filing/registration in Florida		L170002	113078
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a)				
()	Registered Agent and Registered Office shown on the records of the Havold Lewis	ne Florida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	3347 NE Appalousa Street			
	· · · · · · · · · · · · · · · · · · ·			A. D
	•			בני הבני הבני השל המול המול המול המול המול המול המול המו
(b)	Enter name of NEW Registered Agent and/or NEW Registered C			
	inter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u>(573</u>):	30 30 558 558
	Chris Lewis (chris. Lo	s investi	ments@amail.com	الملا مع الملا (م
	NEW Registered Office Address:		J	10 N Pm
	2844 Hammock Drive			74. 7
	Enter name of NEW Registered Agent and/or NEW Registered Chris Lewis (Chris. LC) NEW Registered Office Address: 2844 Hammock Drive Plant City	33	566	
If the li	ر imited liability company is not organized under the law	re of the S	tate of Florida, it is her	aby confirmed that after
the cha agent v was/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	bility con	npany, it is hereby conf ed liability company or	irmed that the change(s)
	4,2		Harold	Lewis
•	we of a member or authorized representative of a member			d name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect archange in the registered office address. I h I in writing of this change.	ee to act i performan I for in Cl ereby cor	n this capacity. I furthence of my duties, and I then that the limited lia	er agree to comply with the am familiar with and accep this document is being filed ability company has been
Signatu	re of Registered Apont			
	Division of Corporations • P.O. B	ox 6327 =	Tallahassee FL 3231	1
	FILING FE			•