

L17000 215 311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

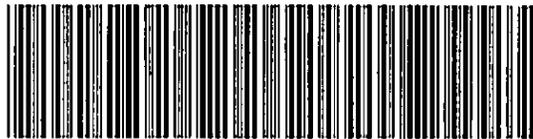
(Business Entity Name)

(Document Number)

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DENVER CO 80202

RA Change

JAN 20 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWN SELECTION 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:

Ingrid EspinoGrosso
Name of Person

I E Grosso CPA
Firm/Company

3991 SW 129 Ave
Address

Miami FL 33175
City/State and Zip Code

ingrid@iegrossocpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid EspinoGrosso at (786) 316 8525
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

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
12 11 09 11:03:09

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 SELECTION LLC

2. (a) _____	(b) _____
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>19046 Bruce B. Downs Blvd. Suite 79</u>	<u>19046 Bruce B. Downs Blvd. Suite 79</u>
<u>Tampa, FL 33647</u>	<u>Tampa, FL 33647</u>

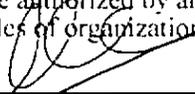
3. <u>10/17/2017</u>	4. <u>L17000215311</u>
Date of filing/registration in Florida	Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
BUSINESS FILINGS INCORPORATED
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1200 South Pine Island Road
Plantation, FL 33324

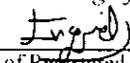
(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
I.E. Grosso CPA
NEW Registered Office Address:
3991 SW 129 Ave
Miami, FL 33175

RECEIVED
 SECRETARY OF STATE
 10/20/17 10:51 AM

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.

 _____ Signature of a member or authorized representative of a member	<u>Orlando Lopez</u> _____ 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.


Signature of Registered Agent