

L17000 215 311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

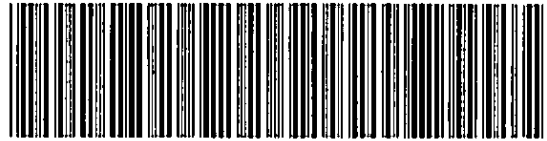
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900337337279

11/25/19--01027--014 **25.00

FILED
NOV 26 2019
FBI - NEW YORK

RA Change

JAN 20 2020

D CUCHI

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
TALLAHASSEE
12-11-07 11:03:03

**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:

(Note: MUST BE STREET ADDRESS)

19046 Bruce B. Downs Blvd. Suite 79

Tampa, FL 33647

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

19046 Bruce B. Downs Blvd. Suite 79

Tampa, FL 33647

10/17/2017

L17000215311

3. Date of filing/registration in Florida

4. 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

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

Orlando Lopez

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

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