L150000 92540

(Red	questor's Name)				
(Address)					
•	,				
(Add	dress)				
(Cit	y/State/Zip/Phone	∋ #)			
PICK-UP	☐ WAIT	MAIL			
_	_	_			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Cartified Canica	Cortificator	of Status			
Certified Copies Certificates of Status					
Special Instructions to I	Filing Officer:	ï			
'	J				
	-	:			

Office Use Only



400313274284

05/14/18--01037--003 **25.00

SECRETARY OF STATE PARES

FILED

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
SUBJECT:	Crystal Clean Living Company LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning the	nis matter to the	following:			
Amy Gear	hart					
	Name of Person					
Crystal Cl	ean Living Company LLC					
	Firm/Company		_			
7701 Timb	perlin Park Blvd, Apt 837					
	Address		_			
Jacksonvi	lle, Florida 32256					
	City/State and Zip Code		_			
Crystalcle	anlivingco@gmail.com					
E-mail	address: (to be used for future and	nual report notif	ication)			
For further is	nformation concerning this matter	, please call:				
Amy Gear	hart	904 at (534-0302			
	Name of Person	at (Area Code & Daytime Telephone Number			
STR	REET/COURIER ADDRESS:	M.	AILING ADDRESS:			
Regi	istration Section		Registration Section			
Divi	sion of Corporations		Division of Corporations			
	on Building		P.O. Box 6327			
	Executive Center Circle ahassee, Florida 32301	Та	llahassee, Florida 32314			
Enc	losed is a check for the following	g amount:				
2 \$2	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			
INHS18 (2/14	l)					

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	Crystal Clean are of the limited liability company:	Living	Company	LLC
2. (a)	Amy Gearhart	(Amy Ge	earhart
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7701 Timberlin Park Blvd, Apt 837	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) mberlin Park Blvd, Apt 837
	Jacksonville, Florida 32256	_	Jackson	ville, Florida 32256
	May 10, 2018		L1800009	92840
3.5. (a)	Date of filing/registration in Florida Cheyenne Moseley, Legalzoom.com,Inc	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the Amy Gearhart	ne Florid	a Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET A 4810 HARLOW BLVD	DDRES	<u>S)</u>	ZÕIB MAY SECRLIA
	Jacksonville , FL	32210)	ASS
(b)	Amy Gearhart			<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ac	<u>ldress</u> :	Torrior Signature
	Amy Gearhart			₩
	NEW Registered Office Address: 7701 Timberlin Park Blvd, Apt 837			-
	Jacksonville , FL_	32256	i 	-
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility c the lir imited	istered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. rt
I herei	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	e to ac perforn for in ereby c	t in this cap ance of my Chapter 605 confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent