11800171548

| (Requestor's Name) | | | | |
|-----------------------------------------|----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400318330374

09/13/18--01008--012 **25.00

2010 SEP 13 PM 2: 5

D RRUCE SEP 1 8 2018

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| CRG Ventures, LLC SUBJECT: | |
| Sobolet. | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Regist | tered Office Change and fee(s) are submitted for filing. |
| | • |
| Please return all correspondence conc | erning this matter to the following: |
| Christi Gidcumb | |
| Name of Pers | on |
| CRG Ventures, LLC | |
| Firm/Compan | ıy |
| P.O. Box 310326 | |
| Address | |
| Miami, FL 33231 | |
| City/State and Zip | o Code |
| cgid59@gmail.com | |
| E-mail address: (to be used for fi | uture annual report notification) |
| For further information concerning thi | s matter, please cail: |
| Christi Gidcumb | 217 691-6945 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | ESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the fo | ollowing 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.

| · <i>tor taa</i> . | cRG Venture | es, LLC | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami, FL 33231 | (b | P.O. Box 310326 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Miami, FL 33231 |
| | July 17, 2018 | <u> </u> | L18000171548 |
| 3. 5. (a) | Date of filing/registration in Florida Travis Crabtree, OBO LEGALCORP SOLU Registered Agent and Registered Office shown on the records of Legalcorp Solutions, LLC | | Document number a Dept. of State: |
| | Registered Office Address (MUST BE FLORIDA STREET 3440 W Hollywood Blvd., Suite 415 | 33021 | |
| (b) | Hollywood, F Christi Gidcumb Enter name of NEW Registered Agent and/or NEW Registered | Լ | SEP - 3 |
| | NEW Registered Office Address: 1101 Brickell Avenue, #310326 | | |
| | Miami , F | 33231 | |
| the cha agent v | will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the reg liability c s of the lir ne limited | company, it is hereby confirmed that the change(s) mitted liability company or as otherwise provided in |
| | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to mer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provided the reflect a change in the registered office address, and in writing of this change. | gree to ac te perform ded for in I hereby c | ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been |
| Signan | ure of Registered Agent | | |

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