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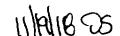
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CREW FOODS	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
NATHAN GREEN Name of Person	1
CREW FOODS LL	NGHWAY STE 249
908 NORTH DIXIE H	
BCCA RATON 33L City/State and Zip Code	432
nathan @ airadlah E-mail address: (to be used for future anno	OS. COV ual report notification)
For further information concerning this matter,	please call:
NATHAN GREEN Name of Person	at (561) 660 - 2541 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

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:CREW_FOODS_	LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 249	1.
		BOCA RATON, FL 33432	
			000239497
3.		Date of filing/registration in Florida 4.	Document number
5.	(a)	MONTEFUSCO, JEREMY T	
	. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
		2518 MW 2MD AVE.	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
			2
			- 1
		BOCA RATON , FL 33437	> 'j
			=
	(b)	GREEN MATHAN E	0
	` , .	Enter name of NEW Registered Agent and/or NEW Registered Office address:	··.
		908 NORTH DIXIE HIGHWAY	
		NEW Registered Office Address:	
		STE 249	
		BOCA RATON FL 33432	·
the age wa	chai ent w s/we	mited liability company is not organized under the laws of the State of Flonge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	-/	Vallant Come NATI	HAN E. GREEN
S	ignati	ure of a member or authorized representative of a member	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