1190000 64172

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I ALBRITTON

COVER LETTER

Division of Corporations		
SUBJECT: ROYAL Crown AllSta Name of Li	CS LLC imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Ashley Nelson Name of Person		
Royal Crown Allstars L	LC	
19700 NW 4th Ave		
Miami FL 33169 City/State and Zip Code	<u> </u>	
Royal crown cheer a gma E-mail address: (to be used for future annual rep		
For further information concerning this matter, please	call:	
Ashley Nelson at (305) 333 - (060) 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	

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

1. Na	me of the limited liability company: Royal Crown Allstars LLC
2. (a)	19700 NW 4th AVE (b) 19700 NW 4th AVE
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami FL 33169 Miami, FL 33169
	310612019 L19000064172
3.	Date of filing/registration in Florida L1900004112 Document number
5. (a)	United States Corporation Agents Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 Winding Dak COURT Tampa FL 33612 Registered Office Address MUST BE FLORIDA STREET ADDRESS)
(b)	FL
	19700 NW 4th AVE NEW Registered Office Address:
	M1am1 FL 33169
the char agent w was/we the artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. A Company or as otherwise provided in Printed or typed name of signee
I hereb provision the oblinito mere notifica	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

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