## L 19000167639

	(Requestor's Name)	
	(Address)	
<u></u>	(Address)	
	(City/State/Zip/Phone #)	
Sicking	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer	
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/23/2021	
	lan Reilly	
Reference #	404 7004	
Entity Name	CRE	STVIEW I LIMITED LLC
☐ Article	es of Incorporation/Auth	orization to Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
Reins	tatement	
Conv	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	smount: <b>\$25</b> .	00
Signature:	du A	ny



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/23/2021				
Name:	lan Reilly	_			
Reference	#:1315084	_			
Entity Name	Intity Name: CRESTVIEW I LIMITED LLC				
☐ Artic	eles of Incorporation/Authorization	to Transact Business			
☐ Ame	endment				
✓ Char	nge of Agent				
Rein	statement				
Con	version				
☐ Merg	ger				
Diss	olution/Withdrawal				
Fictit	tious Name				
Othe	er				
Authorized .	Amount: <b>\$25.00</b>	<del></del>			
Signature:	du Thum	_			

F: B00.944.6607

P: +852.2682.9633

F: +852.2682.9790

## 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.

	me of the limited liability company:CRESTVII	(1.)	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>_</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u></u>	No Change
	July 9, 2019		L19000167639
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BCRA, LLC		
(4)	Registered Agent and Registered Office shown on the records	of the Florida De	pept, of State:
	1905 NW CORPORATE BLVD, STE 310		
	Registered Office Address	T ADDRESS)	2021 SEC Tr
	BOCA RATON	<sub>L_</sub> 33431	FILED 2021 APR 23 PM SECRETARY OF TALLAHASSET
(b)	COGENCY GLOBAL INC.		SSE P
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	ms -
	115 North Calhoun St., Suite 4		TATE FL
	NEW Registered Office Address:		
	Tallahassee	- <sub>L</sub> 32301	<del></del>
the cha agent w was/we	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the register liability comp s of the limite	red office and the business office of the registere (pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
			en Garchik
•	ure of a member or authorized representative of a member		Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provic by reflect a change in the registered office address, I in writing of this change.	gree to act in te performand led for in Cha I hereby conf	i this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filea firm that the limited liability company has been

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent