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2020 JUL -2 AH 6: 59
SECRETARY OF STATE

D. BRUCE NIG 18 2020

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. N	ame of the limited liability company:	COUNTRY	CRAF		N, LLC			
2. (a)				่ ก	b)			
Z. (a)	Principal office address of limited in (Note: MUST BE STREET)		ıy:		-, <u></u>	Mailing address of limi		
	105 Solana Road, Suite C				105 Solar	na Road, Suite C		
	Ponte Vedra Beach, FL 32082			Ponte Vedra Beach, FL 32082				
	1/14/2020				L20000021	060		
3.	Date of filing/registration is	n Florida		4 .		Document number		
5. (a)	Registered Agent and Registered Office sho	wn on the reco	rds of the	Florida	Dept. of Sta	te:		
						_		
		LORIDA STR	EET AD	<u>DRESS</u>	2			
	105 Solana Road, Suite C			<u> </u>		_		
	Ponte Vedra Beach		, FL_	082		••		
(b)	Coastal Law Group, PLLC						40	2
(0)	Enter name of NEW Registered Agent and/	or NEW Regis	tered Of	nce add	iress:	- '	₽Ç	2020 JUL
				1			E REE	ָ קור ָ
	NEW Registered Office Address:		<u> </u>	<u> </u>				-2
	MEN REGISERED OTHER NAMES.						SS.	4
		<u> </u>	 	<u> </u>		-	in ⁿ julia	AH 6:
			FL	'			PA	5.59
change of agent with was/wer	nited liability company is not organize or changes are made, the Florida stree ill be identical. Or, in the case of a Fl e authorized by an affirmative vote or les of organization or the operating ag	it address of lorida limited f the membe	laws o the reg liabili	istered ty com e limit	office and apany, it is ed liability bility com	hereby confirmed the company or as other nany.	or the registere lat the change(rwise provided	ter the
	LIKUM SYM			<u> </u>	Rex	annsmin		
I hereby provision the oblig to merely notified i	re of a member or authorized representative of accept the appointment as registered as of all statutes relative to the proper actions of my position as registered as y reflect a change in the registered of in writing of this change.	f a member d agent and c r and comple gent as provi fice address,	agree to ele perfi ided for I herei	act in orman in Chapter control		Printed or typed name of city. I further agree uties, and I am Jamil F.S. Or, if this docure limited liability co	1 '	r the ccept filed en
Signature	of Registered Agent		17	,		FT 5554		

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