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mited Liability Company
nge and fee(s) are submitted for filing.
r to the following:

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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.

Na	une of the limited liability company: Crawdaddy Investm	ents I.	LC				
(a)	4370 SW Cherokee Street, Palm City, FL 34990	FL 34990 (b) 4370 SW			Cherokee Street, Palm City, FL 34990		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3/12/2020	-	1 2000	0080305			
	Date of filing/registration in Florida	4.		Document	number		
/-\	Bruce E. Loren, Esq.	••		Document	numoci		
(a)	Registered Agent and Registered Office shown on the records of the	: Florid	a Dept. o	of State:			
	7111 Fairway Drive, Suite 302		- 0 - p o				
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u></u>		SECRETARY		
	Palm Beach Gardens FL 33	3418			ETAL PAH		
b) ,	Bruce E. Loren, Esq.	_			(n)		
	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice ad	dress:		PH I2: I		
	7121 Fairway Drive, Suite 104				15		
	NEW Registered Office Address:						
	Palm Beach Gardens 33	3418					
	FL, FL	710					
ige it w /we:	mited liability company is not organized under the laws or changes are made, the Florida street address of the regill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of these of organization or the operating agreement of the limited.	gistere lity co he lim nited l	ed offic mpany. iited lia	e and the busine, it is hereby conbility company company.	ss office of the registered		
znati	are of a member or authorized representative of a member			Printed or typ	oed name of signee		
obliz ere:	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for the properties of the properties of the properties of the control of this change. In writing of this change.	to act rformo or in C eby co	in this ince of hapter infirm t	capacity. I furth my duties, and I 605, F.S. Or, it hat the limited h	her agree to comply with the am familiar with and acce This document is being file iability company has been		

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

Signature of Registered Agent