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2021 OCT -6 PM 12: 1-2 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
CRUFFYKING LLC SUBJECT:					
Name of Lit	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:				
Alexander Welch - Managing Director					
Name of Person					
CruftyKing LLC					
Firm/Company					
310 Almond Street					
Address					
Clermont, Florida 347141 34711					
City/State and Zip Code					
Alexander+Welchtarhotmail.com					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
Alexander Welch 4	334-1265				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amoun	it:				
■ \$25 Filing Fee	S55 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	nne of the limited liability company: CruffyKing LLC						
2. (a)	310 Almond Street, Clermont, FI 34711	 (b	(b) 310 Almond Street, Clermont, Fl 34711				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	Filing Date July 8th 2020 - State: Florida Date of filing/registration in Florida	 4.	L200001945	20 Document num	hur		
	Corporation Service Company	٦.		Decument nam	THE I		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- ::			
(b)	Registered Office Address (MUST BE FLORIDA STREET). 1201 Hays Street	ADDRESS	<u></u>		SE	2021 OCT -	
	Tallahasee	32301	ALL/				N
	Alexander Welch Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Office address</u> :			-	-6 PHI2: 42		
	NEW Registered Office Address:			-	17.	137	
	310 Almond Street			-			
	Clermont FL			_			
change agent v was/y	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere-authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	registere ability co of the lim	ed office and impany, it is aited liability iability con	d the business of thereby confirm y company or as	ffice of the ned that the cotherwise	regist chang provi	ered ge(s)
Signa	ture of a member or authorized representative of a member			Printed or typed ii	iame of signe	· ·	
provis the obj to may notific	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided verteet a change in the registered office address. It is writing of this change.	vec to act perform d for in C hereby co	in this cape mee of my o Thapter 605 infirm that i	icity 1 jurther a luties, and 1 am , F.S. Or, if this the limited liabi	agree to co Jamiliar w k document lity compar	mply v ith am is bei iv has	with the Laccept ng filed been