N20 CCC 209368

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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C. BRUMBLEY SEP 3 0 2022

COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJE	CT: 2CRI LLC									
Name of Limited Liability Company										
Dear Si	r or Madam:									
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.							
Please 1	return all correspondence concernin	g this matter to the	following:							
Meliss	a Jones									
	Name of Person									
ZenBus	iness Inc.									
	Firm/Company									
336 E. 0	College Ave. Suite 301									
	Address		_							
Tallaha	ssee, FL 32301									
	City/State and Zip Co	de	<u>—</u>							
ra@zen	business.com									
E	-mail address: (to be used for future	annual report notif	ication)							
For furt	ther information concerning this ma	tter, please call:								
Melis	ssa Jones	844 at (493-6249							
	Name of Person	at (Area Code & Daytime Telephone Number							
	Mailing Address:		Street Address:							
Registration Section			Registration Section							
	Division of Corporations		Division of Corporations							
	P.O. Box 6327		The Centre of Tallahassee							
	Tallahassee. FL 32314		2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303							
	Enclosed is a check for the follow	ving amount:								
	□ \$25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy							
INHS18	3 (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 2. (a)	9837 SW 198TH CIRCLE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DUNNELLON, FL 34432		(b) 9837 SW 198TH CIRCLE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DUNNELLON, FL 34432					
	07/20/2020		L20000	209388				
3. 5. (a)	Date of filing/registration in Florida Registered Agents Inc.	4.	D	ocument nun	ober			
	Registered Agent and Registered Office shown on the records of the 7901 4th St N Registered Office Address (MUST BE FLORIDA STREET A STE 300	<u> </u>						
(b)	St. Petersburg , FL. ZenBusiness Inc	33702	SECRET TALLA					
• • •	Enter name of NEW Registered Agent and/or NEW Registered Office address: 336 E. College Ave.				PARY OF AHASSEE	5 AMII:		
	NEW Registered Office Address: Suite 301					1: 25		
	Tallahassee , FL	32301						
change agent was/w the art	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law charles R Neff	register bility c f the lir limited	red office and to company, it is ho mited liability of liability compa harles R N	he business of tereby confin- company or a any.	office of med that is other	f the re t the cl wise pr	gistered hange(s)	
I here provis the ob to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h din writing of this change.	ze to ac perform for in ereby (-	oly with the and accept being filed has been	

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