5/3/2021

Division of Corporations



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(((H21000177286 3)))



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LLC REGISTERED AGENT CHANGE **CROSBY, JERRY R LLC**

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Crost	y, Jerry R	LLC					
2.	ta)	2702 N Dover Rd		(b)	2702 N Do	ver Rd			
-	···/ .	Principal office addless of limited liability con (Note: MUST BE STREET ADDRESS		(*)	Mai	iling address of Note: MAT BE	limited liability	comba	uy:
		Dover, Florida 33527	~************	<u>.</u> .	Dover, Flor	rida 33527 ·	—		
		NO/E POOL							<u></u>
2		10/5/2020 Date of filing registration in Florida			L200003147				
3.		· -	l	٦.	17	ocument not.	1117(1		
5.	(a)	Business Filings Incorporated	anade stab	a Elerida F	Vant of States				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		Registered Office Address (MUST BE FLORID, 1 STREET ADDRESS)							
		1200 South Pine Island Road						N	
		Plantation	E1	33324					
	(b)							HA Y	
		Jerry Crosby						ပ်	<u></u>
		Enter name of <u>NEW Registered Agent</u> and or <u>NEW I</u>	Registered C	office addr	Ger.				
		2702 N Dover Rd					- 54 34	<u>₹</u>	<u> </u>
		NEW Registered Office Address;					<u> </u>	ين	`
							19)	
		Dover	, FL	33527				•	
the age wa the	char ent we s we arro	mited liability company is not organized und age or changes are made, the Florida street a fill be identical. Or, in the case of a Florida I reauthorized by an affirmative vote of the material of organization or the operating agreement	der the laws ddress of il limited liab embers of ent of the li	s of the S he registe pility con the limit mited lia	ered office a apany, it is hed liability c ability compa y Crosby, Mo	nd the busine nereby confir- company or a any, ember	ess office of med that the is otherwise p	the reg change provide	istered c(s)
	_	me of altrember of authorized representative of a mem				rimed or typed	•		
pre the to t	ovisie obli nere	or accept the appointment as registered agen- ons of all statutes relative to the proper and c gations of the position as registered agent as ity reflect of this change, and office ad in ordina of this change.	complete p Curavided	erforma for in Cl	ice of my du iaouer 605. I	nes, and Lan F.S. Or if in	n jannfiar wi is document	th and is bein	accept a filed
Sı	เมลงกำ	e of Registered Agent			•		•		
	ŧ	Division of Corporation FI	s• P.O. Bo LING FE		_	e, F1, 32314			