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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: Crown Luxury Rent Name of Limited Lia	als LLC ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fe	ollowing:	
Woodson Hyppolite Name of Person		
(YOWN Livy Rentals LLC Firm/Company		
3575 W Atlantic Blud #113	_	
Pom Pring Beach Fl 33069 ety/State and Zip Code		
E-mail address: (to be used for future annual report notific	eation)	
For further information concerning this matter, please call:		
Woodson Kippolite at 954 Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 amount:		
S25 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. Name of the limited liability company: Crown Luxury Re	in tals 110
and a Character and action	5 W Atlantic Blud #113
	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Pembroke Pines FL 33028 Pomp	1900 BEACH FZ 33069
•	
	000 314 796
3. Date of filing/registration in Florida 4.	Document number
5. (a) MS Taxes & More	_
Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	e:
2754 W. Atlantic Blud.	_
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	- 28
pan pano Beach FL 33069	- 20 DB
pompano Beach FL 33069 (b) WoodSon Hyppolite	1021 DEC 14
(b) WUCCLOO! IT G PO I TE Enter name of NEW Registered Agent and/or NEW Registered Office address:	
£ 1,2	PH 12:
3575 W Atlantic Blud # 113	
NEW Registered Office Address:	0
Pointone Beach FL 33 069	<u>~</u>
•	
, FL	_
If the limited liability company is not organized under the laws of the State of Fl	orida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office an agent will be identical. Or, in the case of a Florida limited liability company, it i	s hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liabilit the articles of organization or the operating agreement of the limited liability con	**************************************
Woodson	Printed or typed name of signee
I bereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my	acity. I further agree to comply with the duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 602 to merely reflect a change in the registered office address. I hereby confirm that	the limited liability company has been
notified in writing of this change	
Signature of Registered Agent	