## L 20000343316

(Re	questor's Name)	
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06/20/23--01008--028 \*\*630.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
CRA, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Cody Khan	
Name of Person	<del></del>
CRA, LLC	2
Firm/Company	
11127 Front Beach Road	2023 JUH 20
Address	20 T
Psanama City Beach, FL 32407	MIN 56
City/State and Zip Code	
kpearson@pdmplaw.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Karl E. Pearson	407 222-8281
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 an	nount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
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.

1. 1	Name of the limited liability company: CRA, LLC					
2. (a		(b	)			
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  P.O. Box 18049			
	11127 Front Beach Road					
	Panama City Beach, FL 32407		Panama C	ity Beach, FL 32417		
	11/09/2020		L20000343	316		
3.	Date of filing/registration in Florida	4.	<del></del>	Document n	ıumber	
5. (a	1)					
<i>3</i> , (,	Registered Agent and Registered Office shown on the records o  Karl E. Pesarson	f the Florida	Dept. of Stat	<del>_</del> de:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	······································	_		
	485 N. Keller Rosd, Suite 401		-			
	Maitland , F	L 32751	•	_	÷ 20	
	-			_	2023 JUN 20 TALLARA	ক্রেমী
(b	Enter name of NEW Registered Agent and/or NEW Registere	106	•	<u>.</u>	Ę.	ا ا
	Cities manie of NEW Registered Agent and NEW Registere	u Office au	<u>1(637</u> :		20	
	Karl E. Pearson				23 JUN 20 AM II: ! TALLABASSEE.F	<b>;17</b>
	NEW Registered Office Address:					
	901 N. Lake Destiny Road, Suite 305			<u> </u>	FF. 56	
	Maitland F	L		_		
chang agent was/y	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liver authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	e registere iability cor of the limi	d office an mpany, it i ited liabilit	d the busines s hereby conf y company o	ss office of the reg	gistered ange(s)
		Cody	/ Khan			
	ature of a member or authorized representative of a member			• •	ed name of signee	
provi the ol to me	eby accept the appointment us registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ted in writing of this change.	ree to act performa ed for in C hereby co	in this cape ince of my c hapter 605 nfirm that	acity. I furth duties, and I 5, F.S. Or, if the limited lid	er agree to compl am familiar with this document is l ability company h	ly with the and accept being filed as been
Signa	ture of Registered Agent					

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