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(Requestor's Name)				
(Address)				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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Office Use Only

TO: **Registration Section Division of Corporations** 

Crystal Eyezed LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Crystal Eyezed LLC Firm/Company

2667 Corner Creek Rd. Address

Crestview, FL 32536 City/State and Zip Code

humecrystal 83 @ gmail. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Mailing Address: Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Crystal Hume at (850) 496-5098 Name of Person Area Code & Daytime Telephone Number

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:

🙀 \$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.

Ι.	Nai	Name of the limited liability company: CrystalEyezed LLC	<u> </u>			
2.	(a) _	a) (b)				
		Principal office address of limited liability company: Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BON			
		2667 Corner Creek Rd. 260	57 Corner Creek Rd			
		Crestview, FL 32536	HVIEW, FL 32536			
3.			ocument number			
5.	(a)	(a)				
		United States Corporation Algents, Inc.				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		5575 S. Semoran Blvd. 36				
		Orlando FL 32822	TAS AN T			
			LEGR HID			
	(b)					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	STRY E			
			CUF G			
		NEW Registered Office Address:	SEE TIME			
	aulo Corner Creek Rd.					
		Ulder Contrer Dieck KU.				
		Crestview FL 32536				
cha ago wa	ange ent w s/we	the limited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office and the will be identical. Or, in the case of a Florida limited liability company, it is he floride authorized by an affirmative vote of the members of the limited liability compares are compared of the operating agreement of the limited liability compares of the street of the operating agreement of the limited liability compares of the limited liability compares of the operating agreement of the limited liability compares of the limited liability compares of the street of the limited liability compares of the limited li	he business office of the registered creby confirmed that the change(s) company or as otherwise provided in			
			tal Hume			
Signature of Amember or authorized representative of a member Printed or typed name of signee						

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

instal Ml Signature of Registered Agent

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