## h21000188662

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SECRETARY OF STATE
TALLAHASSEE ET

CD

## **COVER LETTER**

	gistration Section 'vision of Corporations					
SUBJECT	CRYPTO YACHTING LLC					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclos	ed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.			
Please retu	rn all correspondence concerning th	his matter to the fo	ollowing:			
LOVETTE	DOBSON					
	Name of Person		_			
INCFILE.C	COM LLC					
	Firm/Company		<del></del>			
17350 STA	TE HWY 249 #220					
	Address		<del></del>			
HOUSTON	I, TEXAS 77064					
	City/State and Zip Code	· ***	_			
EFILE1234	4@ INCFILE.COM					
E-ma	ail address: (to be used for future ar	inual report notific	cation)			
For further	r information concerning this matte	r, please call:				
LOVETTE	DOBSON	888 at (	462-3453			
	Name of Person	(	Area Code & Daytime Telephone Number			
Re D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Ei	nclosed is a check for the followin	ng amount:				
	■ \$25 Filing Fee					

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.

(a)			(b)_				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	4712 SW 39TH WAY		47	712 SW 39TH	2 SW 39TH WAY RT LAUDERDALE, FL 33312		
	FORT LAUDERDALE, FL 33312		F	ORT LAUDER			
	(14/22/2021			1.21000188662			
	Date of filing/registration in Florida	4.		Doci	iment number		
(a)	UNITED STATES CORPORATION AGENTS, INC.						
(b)	Registered Agent and Registered Office shown on the records	of the Flor	ida De	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRI	ESS)	<del></del>			
	5575 S. SEMORAN BLVD. SUITE 36						
	ORLANDO	FL_32822			71 SEP - SECRE : 17 TALL AII		
	LEGALING CORPORATE SERVICES INC.				7 - N		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>55</u> :	ILED -7 #H 9: HASSEE, F		
	NEW Registered Office Address:				22 VIE		
	5237 SUMMERLIN COMMONS SUITE 400			. <del>.</del>	GD		
	FORT MYERS	FL	,				
ange ent s s/w e art	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the contract of the	laws of t he regist liability s of the he limite	he Sta ered o comp limite d Iiah	office and the pany, it is here d liability con ility company	business office of the registered eby confirmed that the change(s) inpany or as otherwise provided of		
Karles T. Las Faron. Signature of a member or a thorized representative of a member			CHARLES J GASPARONI  Printed or typed name of signee				

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

notified in writing of this change.

Signature of Registered Agent