L22000156060

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO:	Registration Section Division of Corporations	'n
SUBJI	ECT: Crump MG	R Group LLC ne of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
	Raquel Fischler Name of Person	<u></u>
	Fischler Proper	ties
24	36 N Federal Hu	uy #181
Lig	hthouse Point, F City/State and Zip Code	L 33064
<u>ac</u>	COUNTING @ mb/au E-mail address: (to be used for future ann	ual report notification)
For fur	ther information concerning this matter,	please call:
	Name of Person	at (954) 960 - 270 2 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	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.

I. Na	me of the limited liability company: Crump MGR Group LLC
2. (a) _	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	2436 N Federal Hun #81 2436 N Federal Huy +
	Lighthouse Paint Ft 3004 Lighthouse Point Ft. 3
	Eight lower to the second
	04/12/2022 [222000156060
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	\mathcal{D}
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	2436 N Federal Hwy #181
	Lighthouse Point .FL 33064
	7
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address: Along Field Brown Stein & Stave 11 P
	Pinter name of NEW Registered Agent intuor NEW Registered Office Auditess.
	Mansfield, Bronstein & Stone, LLP
	NEW Registered Office Address:
	NEW Registered Office Address: 200 E Broward Blvd, Suite 1250
	Fort Lauderdale FL 33301
change agent w	or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the street of the operating agreement of the limited liability company.
	Menoral Intaktischen
_	fre of a member of authorized representative of a member Printed or typed name of signee
provision the obli- to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this ghange.
_(1	LY CULLI 11M 956 Marring
Signatur	e of Registered Agant
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00