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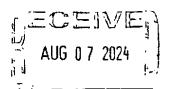
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2024

CROWELL MANAGEMENT SERVICES STEVEN S. CROWELL, JR. 403 CINNAMON DR POINCIANA, FL 34759

SUBJECT: CROWELL MANAGEMENT SERVICES LLC

Ref. Number: W24000095129



We have received your document for CROWELL MANAGEMENT SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 924A00013765

www.sunbiz.org

DO DOV COOT Wellshages Florida 39314

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Crowell Management S Name of Limited Lie	Services 1/6/4 Layung V.114s Ability Company Property Management
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	cc(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Steven S. Crowell, J. Name of Person	_
Crowell Management Services Firm/Company	_
403 Cinnamon Dr. Address	_
Poinciana FL 34759 City/State and Zip Code	_
E-mail address? (to be used for future annual report notific	<u>c</u> m ation)
For further information concerning this matter, please call:	
Steven S. Crowell, Jr. at (40) 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 amount:	
□ \$25 Filing Fee □ \$55	5 Filing Fee & Certified Copy
INHS18 (2/14) A 35 filirs fee was pres	ricusty sent — this information

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. Na	ume of the limited liability company: Crewe	l Man		1- Servi	cec d/B	la Li	~> L.~~		
2 (a)	403 Cinnamen Dr.	Proper	(b) 4	Gement	namen l	00.			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Princiana FL 34759		Po	n Ciana	FL.	34759	<u> </u>		
							<u> </u>		
	Date of filing/registration in Florida		10	13000	フ <u>ょ3</u> の ent number	044			
3.	Date of filing/registration in Florida	4.		Docum	ent number	-			
5. (a)	Zen Business Inc. Registered Agent and Registered Office shown on the records								
	Registered Agent and Registered Office shown on the records	of the Flo	orida Dept. of	State:					
	336 E. Cellege Ave Sur Registered Office Address (MUST BE FLORIDA STREE	te 3	01						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	(ESS)						
						· •	~3		
	Zallahassee.	*3*	3230	1		433041,117	2024 AUG -7		
	741147433 EE	rL	0030			<u> </u>	AUI		
(h)	Steven S. Crowell, 3%.					in in	ري		
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Offic	e address:			. F.	7 FI		
						r= t () <u>:</u>	Ξ.:	-	
	403 Cinnaman Dr.					<u> </u>	න වැ		
	NEW Registered Office Address:						ස්		
									
	Poinciana	FL	34759	<u>, </u>					
If the 1	imited liability company is not organized under the	lave of	tha Stata of	Florida it	ie horoby cz	on firmed	that of	tor the	
change	imited liability company is not organized under the or changes are made, the Florida street address of t	he regis	tered office	and the bu	siness offic	e of the r	register	ed	
	vill 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				iny or as on	nerwise į	novide	.(1111	
J.	ture of a member or authorized representative of a member		Steve	n SC	rowel	1,7~	,		
Signa	ture of a member or authorized representative of a member	_		Printed	or typed name	of signee		•	
provisi the obl to merc	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple igations of my position as registered agent as proviety reflect a change in the registered office address, in writing of this change.	igree to de perfo ded for I hereb	act in this c rmance of r in Chapter (y confirm th	capacity. 1 ny duties, å 805, F.S. C aat the limit	further agre and I am fan Or, if this do ted liability	ee to com niliar wit ocument i company	iply with and constitution in the second constit	th the accept g filed een	
Signatu	re of Registered Agen								