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(Document Number)				
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SECRETARY OF STATE
ALLAHASSEF FIRE

PA Change 10/8/17

COVER LETTER

Division of Corporations					
SUBJECT: CRESCENT HEIGHTS X, INC.					
(Name of Corp.	oration)				
DOCUMENT NUMBER: L23040					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
BONNIE HUDSON					
(Name of Contact Person)					
Crescent Heights of America, Inc. (Firm/Company)					
(rim/comp	any)				
2200 Bissaura Blud					
2200 Biscayne Blvd. (Address)				
(Addiess)					
Miami, FL 33137					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Bonnie Hudson (Name of Contact Person)	at (305) 374-5700 x 7257 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
	a				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee, FL 32301				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in or	rder to change its registered office or re	rganized under the laws of the State of <u>F</u> egistered agent, or both, in the State of Flo	
	of the corporation: CRESCENT HEIGH pal office address: 2200 Biscayne Blvd.		
3. The mailin	g address (if different):		
4. Date of inc	corporation/qualification: 12/06/99	Document number: L23040	
	and street address of the current register partment of State:	red agent and registered office on file with	n the
	Sharon Christenbury, Esq.		
	2930 Biscayne Blvd.		
	Miami, FL 33137		O7: SEC
6. The name (if changed		agent (if changed) and /or registered office	SEP 28 PH CRETARY OF AHASSEE.F
	2200 Biscayne Blvd.		I: QL STATE STATE
	(P.O. Box NOT acception of the control of the contr	ptable)	QL ATE ORIDA
The street ad as changed w	dress of its registered office and the st	treet address of the business office of its	s registered agent,
Such change authorized by	was authorized by resolution duly ado y the board, or the corporation has bee	opted by its board of directors or by an on notified in writing of the change.	officer so
		Sharon Christenbury, Vice Pre	esident
I hereby according to the I hereby according	nature of an other or director) ept the appointment as registered agen ee to comply with the provisions of all and I am familiar with and accept the being filed merely to reflect a change has been potified in writing of this cha	statutes relative to the proper and com e obligation of my position as registered in the registered office address. I hereb	,
		9/05/07	
	(Signature of Registered Agent)	(Date)	
If signing on	behalf of an entity:		
	(Typed or Printed Name)		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)