



Office Use Only



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02/09/24--01021--014 \*\*25.00



## **COVER LETTER**

	Registration Section Division of Corporations							
SUBJEC	C&R PROPERTY SOLUTIONS LLC  Name of Limited Liability Company							
.,015.01.0								
Dear Sir	or Madam:							
The encl	osed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.					
Please re	turn all correspondence concernin	g this matter to the	ne following:					
Clark Sa	ınchez-Figueras							
	Name of Person							
C&R PR	OPERTY SOLUTIONS LLC							
	Firm/Company							
5440 Ma	ariner Street, Unit 200							
	Address							
Tampa,	FL, 33609							
	City/State and Zip Co	de						
c.sanche	ezfigueras@gmail.com							
E-1	nail address: (to be used for future	annual report no	tification)					
For furth	ner information concerning this ma	itter, please call:						
Clark Sa	anchez-Figueras	808 at (	388-7990					
	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 follow	ving amount:						
	S25 Filing Fee	ت	\$55 Filing Fee & Certified Copy					

## 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.

Na	ame of the limited liability company: C&R PRO	PERTY SOL	UT!	IONS LLC	5
(a)	5440 Mariner Street		(b)	5440 Ma	riner Street
1-7	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Unit 200			Unit 200	
	Tampa, FL, 33609			Tampa, F	FL. 33609
	1/4/2024		L	24000011	1951
	Date of filing/registration in Florida	4.	_		Document number
(b) _	Clark Sanchez-Figueras				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 440 Mariner Street				<b>1</b>
	Registered Office Address IMUST BE FLORIDA STE	(STREET ADDRESS)			
	Tampa	<sub>F:</sub> 33609		<del></del>	-9 PH 5:
	Clark Sanchez-Figueras  Enter name of NEW Registered Agent and or NEW Reg  5440 Mariner Street	istered Office a	، ام ا- د ما به	<u>-683</u>	_
	NEW Registered Office Address:				_
	Unit 200				_
	Tampa	FL33609			
inge ent w s/we artic	imited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement cases.	of the registe ted liability c bers of the lin of the limited	red om nite !ia	office an ipany, it is ed fiabilit bility con	ad the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
ignat	iffe'of a member or authorized representative of a member				Panted or typed name of signee
visio obli nere ifica	by accept the appointment as registered agent an ons of all statutes relative to the proper and com- igations of my position as registered agent as pro- ly reflect a change in the registered office addre I'm writing of this change.	ed agrev to ac plete perforn ovided for in sss. I hereby e	t it ian Ch on,	r this cape ce of my c apter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and acce 5. F.S. Or, if this document is being file the limited liability company has been
art 5	andur-Finneras				
THER	ent Registered Agent				