## MUS 0000US432

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CHURCH RESTORATION	GROUP LLC		
Name of Limited Liability Company				
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please r	return all correspondence concerning th	is matter to the	following:	
Ryan	DeAnda			
****************	Name of Person		****	
Regis	tered Agent Solutions, Inc.			
	Firm/Company			
1701 (	Directors Bivd Suite 300			
	Address		<del>-</del>	
Austin	1 TX 78744			
THE PARTY OF THE P	City/State and Zip Code		······································	
clients	services@rasi.com			
E-	mail address: (to be used for future ann	ual report notif	ication)	
For furt	ther information concerning this matter,	please call:		
Ryan	DeAnda	888	705-7274	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	□ s:	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. N	Name of the limited liability company: CHURCH RE	ESTORATIO	ON GROUP LLC
2. (a)			
<b>(</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)
	9189 MARSHALL ROAD	91	89 MARSHALL ROAD
	CRANBERRY TWP., PA 16066	CF	RANBERRY TWP., PA 16066
	09/29/2005	MOS	5000005432
3.	Date of filing/registration in Florida	4.	Document number
5. (a	)		
J. (#	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI	
	1201 HAYS STREET		
	TALLAHASSEE , FL	32301	— LAIAS 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	interpretation of the control of the
	REGISTERED AGENT SOLUTIONS, INC.		
	NEW Registered Office Address:		
	155 Office Plaza Dr. Suite A		<del></del>
	Tallahassee , FL	32301	,
IC.L.	limited liability company is not organized under the la		of Florida, it is becally confirmed that offer
the ch agent was/v	name or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered iability compa- of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	, , , , , , , , , , , , , , , , , , , ,	Domolo	a Vidmar, VP of Finance
V-7.1	nature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the ob	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in vyriting of this change.		his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Klow	Adam Saldana, Asst. S	secretary	