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THAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

_{SUBJECT:} CRANE CREEK MELBOURNE, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY J. BRADLEY

Name of Person

BRADLEY & MOREAU

Firm/Company

1318 CAMELLIA BOULEVARD

Address

LAFAYETTE, LA 70508

City/State and Zip Code

tim@realtitle.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy J. Bradley

...337

235-4660

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

□ \$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 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida.	5.508, Florida Statutes, the der to change its registered	undersigned limited d office or registered
1. Name of the limited liability company: CRANE CREEK ME	LBOURNE, L.L.C.	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 103 ROSEDALE DRIVE LAFAYETTE, LA 70508-9104	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME	
August 5, 2011	M11000003958	
3. Date of filing/registration in Florida	4. Document number	_
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	Dept. of State:
Registered Agent:	ROBERT GRIFFITS	·
Registered Office Address:	5217 81ST ST. N #10	7.0
	ST. PETERSBURG, FL 33709	مت الت
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office add	ress
NEW Registered Agent:	IVONNE ROSADO	7 7 7
NEW Registered Office Address:	8609 POSTWOOD CIRCLE)
(MUST BE FLORIDA STREET ADDRESS)	TAMPA	FL 33614
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a F (s) was/were authorized by a vise provided in the articles	registered office Florida limited
RICHARD PAUL BEAULLIEU Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my particle of the pa	agree to act in this capacit proper and complete perfori position as registered agent perely reflect a change in th any has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Division of Corporations, P.O. Box of FILING FEE:	-	14