## M1200000 1382

(Requestor's Name)				
(Address)				
(Ac	ldress)	<u> </u>		
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ ` Certificates	of Status		
Special Instructions to Filing Officer:				
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T. HAMPTON

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173		rmerly CCRS)	•
FILING COVER ACCT. #FCA-23	SHEET		
CONTACT:	Kim Weide	<u>nbach</u>	
DATE:	11/19/13		
<b>REF.</b> #:	<u>8963422</u>		
CORP. NAME:	CRS HOLE	DING OF AMERICA, LLC	
, . ' !}			
( ) ARTICLES OF INCO	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFI	CATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF (	CANCELLATION	V	
(XX) OTHER: CHA	ANGE OF AGEN	T FILING	
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• •			
STATE FEES PI	REPAID W	ITH CHECK# <u>7001002</u>	O FOR \$ 25.00
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LII	MIT: \$
DI EACE DETEN	DNI.		
PLEASE RETUI	XIV:		
( ) CERTIFIED COP	Y ()(	CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
( ) CERTIFICATE O	F STATUS		

Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: CRS Holding of Ameri	ca, LLC		
2. (a) Principal office address of limited liability compan	ov 3110 Cherry Pelm Drive, Sulta 330		
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33819		
(b) Mailing address of limited liability company:	3110 Cherry Palm Drive, Sulto 330		
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33619		
03/08/2012	M12000001382		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida L	Dept. of State:	
Registered Agent:	TK Registered Agent, Inc.		
•			
Registered Office Address:	101 E. Kennedy Blvd., Suito 2700 Tampa, FL 33602	<u>- ₹</u>	
		32. <b>6</b> L	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addr	<u>ess</u> ⊆ 🕦 🖺	
	NRAI Services, Inc.		
NEW Registered Agent:	Trans approach into	702	
NEW Registered Office Address:	1200 South Pine Island Road	<u> </u>	
(MÜST BE FLORIDA STREET ADDRESS)	Plantation	,FL 33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the	laws of the State of Florida	, it is hereby	
and the business office of the registered agent will be ider	itical. Or, in the case of a Fl	lorida limited	
liability company, it is hereby confirmed that the change(s	s) was/were authorized by ar	n affirmative vote of	
the members of the limited liability company or as otherwishe operating agreement of the limited liability company.	ise provided in the articles of	of organization of	
Signature of a member or authorized representative of a member			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Printed or typed name of signer	<del></del>		
	amee to act in this canacity	I further names to	
comply with the provisions of all statutes relative to the p	roper and complete perform	ance of my duties,	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	ierely reflect a change in the	registered office	
address, I hereby confirm that the limited liability compa	ny nas been notified in writt	ng oj inis change.	
gate worker			

Division of Corporations, P.O. Box 6327, Tallahussee, FL 32314

FILING FEE: \$25.00