## 11/200003266

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

2014 FEB -8 PH 6: |

## **COVER LETTER**

Division of Corporations							
SUBJECT: CRES Management,	LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this matt	er to the following:						
Dino J. Agnos Name of Person							
CRES Management, LLC	2014 FEB -3 SELVAHASSE						
Firm/Company							
9201 Ward Parkway	OF STATE E. FLORIDA						
Address							
Kansas City, MO 64114							
City/State and Zip Code							
dino@cresmanagement.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please	call:						
Dino J. Agnos at (8'	16 <sub>,</sub> 268-1498						
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 amou	nt:						

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

TO: Registration Section

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

Pursuant to the provisions of sections 605.0114, 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.

oom,	in the state of Frontaa.				
1. Na	me of the limited liability company: CRES Management, L	ıc			
2 (0)	Principal office address of limited liability compan	***			
2. (a) i	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	9201 Ward Parkway			
	(NOIE. MUST BE STREET ADDRESS)	Kansas City, MO 64114			
(b)	Mailing address of limited liability company:	447 Meadow Lark Drive			
(-)	(Note: MAY BE POST OFFICE BOX)	Sarasota, FL 34236			
			∑y:	20	_
		•		14	
June 7	2012	M12000003266	72 (X) T(C)	Œ	77
3 Da	ite of filing/registration in Florida	4. Document number	(0.2)	1	*****
J. Dai	or ming/registration in a tortua	4. Bocument number	SET	င်စ	
5 (0	) Registered Agent and Registered Office shown on	the records of the Florid		ATTRES.	
J. (a	Registered Agent and Registered Office shown on	the records of the Pioric	та <b>1,6</b> 66г.	CHES 12	Prompt
	Registered Agent:	James E. Lippert	© <del>X</del>	<b>ያ</b> ን	
	registered rigent.		<del>8</del>		
	Registered Office Address:	510 Harbor Point Road	Ta	€9	
	6	Longboat Key, FL 34228			
	NEW Registered Agent:  NEW Registered Office Address:	No Change - James E. Lippert  447 Meadow Lark Drive			
	(MUST BE FLORIDA STREET ADDRESS)				
		Sarasota		,FL <u>34</u> :	236
confir and the liabilithe m the or	limited liability company is not organized under the med that after the change or changes are made, the late business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwhereating agreement of the limited liability company.  The of a member or authorized representative of a member	Florida street address of tagging of the case of a stream of the case of a stream of the case of the c	the regis a Florid y an affi	tered a limit rmati	office ted ve vote of
	Agnos, Authorized Member				
	l or typed name of signee				
$-/\nu$	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the plan familiar with and accept the obligations of my plan 605, F.S. Or, if this document is being filed to mean the limited liability company of the limited liability of the limited liability company of the limited liability of the liability of the limited liability of the l	agree to act in this capa roper and complete perfo osition as registered age erely reflect a change in ny has been notified in w	city. I fi ormance int as pr the regi riting of	irther of my ovided stered this c	agree to v duties, d for in l office change.
Signatu	ne of Registered Agent				
U	Division of Corporations, P.O. Box 6	327, Tallahassee, FL 3	2314		

**FILING FEE: \$25.00** 

INHS18 (12/13)