(Requestor's Name)	
(Address)	900296407539
(Address)	300230407333
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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COVER LETTER

TO: Registration Section Division of Corporations

Bernwood, LLC SUBJECT:

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:

Jeff Manning

Name of Person

Bernwood, LLC

Firm/Company

24860 S. Tamiami Trail, #3

Address

Bonita Springs, FL 34134

City/State and Zip Code

jmanning@crminc.us

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

at (

For further information concerning this matter, please call:

Jeff Manning

Name of Person

239-949-6626

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

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 605.0114 or 605.0116, Florida Statute's, 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. Na	ame of the limited liability company: Bernwood, LL	LC
2. (a)	CRM Companies, Inc.	(b) CRM Companies, Inc.
(4)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1110 Euclid Ave. #300	1110 Euclid Ave. #300
	Cleveland, OH 44115	Cleveland, OH 44115
	06/12/2014	M1400000481
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Michael Baviello	
5. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET &	ADDRESS)
5700 Waxmyrtle Way		
	Naples, FL	34109
(b)	Jeff Manning	34109 1 Office address:
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	I Office address:
	NEW Registered Office Address:	
	24860 S. Tamiami Trail #3	
	Bonita Springs	34134
the cha agont v was/we the arti	nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o clos of organization or the operating agreement of the mere of a member or authorized representative of a member	Steve Calabrese Printed or typed name of signee
	The appointment as registered agent and agent ons of all statutes relative to the proper and complete igations of my position as registered agent as provided if reflect a change in the registered office address, I in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
2		Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00

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