

**M14000002741**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

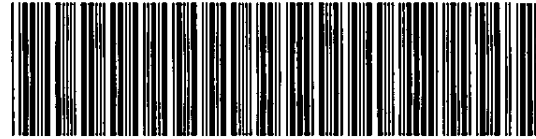
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2016 DEC -5 PM 4:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**K. SALY  
DEC -7 2016**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROWNE POINT HOLDINGS LLC  
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:

DONNA BERTUCCI

Name of Person

CORPORATE DIRECT, INC.

Firm/Company

2248 MERIDIAN BLVD, STE H

Address

MINDEN, NV 89423

City/State and Zip Code

info@corporatedirect.com

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

For further information concerning this matter, please call:

DONNA BERTUCCI at ( 775 ) 782-2201

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 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.*

1. Name of the limited liability company: CROWNE POINT HOLDINGS LLC
2. (a) REGISTERED AGENTS, INC. (b) REGISTERED AGENTS, INC.
- Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 3030 N. ROCKY POINT DR. STE 150A 3030 N. ROCKY POINT DR. STE 150A  
TAMPA, FL 33607 TAMPA, FL 33607
- 04/22/2014 M14000002741
3. Date of filing/registration in Florida 4. Document number

5. (a) GERRI DETWEILER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1037 GREYSTONE LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SARASOTA, FL 34232

- (b) REGISTERED AGENTS, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. ROCKY POINT DR. STE 150A

NEW Registered Office Address:

TAMPA, FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made; the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Donna Bertucci  
Signature of a member or authorized representative of a member

Donna Bertucci  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Bill Havre  
Signature of Registered Agent

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2016 DEC -5 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA