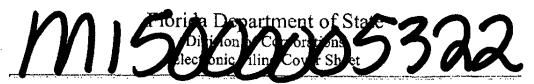
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

CREST HILL CAPITALLLC

1. Name of the limited liability company: CREST FILL CA	APITAL LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 340 Royal Poinciana Way Sulte Palm Beach, Plorida 33480	317-210
(b) Mailing address of limited liability company:	340 Royal Poinciana Way Suite 317-210	
(Nate: MAY BE POST OFFICE BOX)	Palm Beach, Florida 33480	
7/7/2015	M15000005322	
3. Date of filing registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	pt. of State:
Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
NEW Registered Agent.	Business Filings Incorporated	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		5 .
NEW Registered Office Address: [MUST BE FLORIDA STREET ADDRESS]	1200 South Pine Island Road	72 S
	Plantation	FT_33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the re- tical. Or, in the case of a Flor) was/were authorized by an a	gistered office Ida limited Iffiniative vote of
Signature of a member or authorized representative of a multiber	= ,	Carlot Carlot
Miclaci Marano, Manager		
Printed or typed infine of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provided I am familiar with and accept the obligations of any particle to made the first of the limited liability companies. Thereby confirm that the limited liability companies.		further agree to ice of my diffies, provided for in gistered office of this change.
Signature of Registered Agelit Mark Williams, AVP, Business Filings	•	
Division of Corporations, P.O. Box 63	27. Tallahassee, FL 32314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

DNHS48 (12-13)

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