

M16000005533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

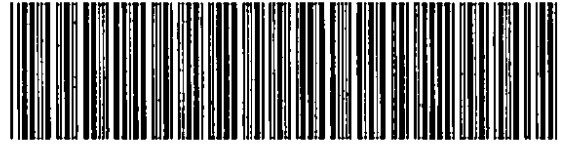
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/02/18--01040--032 **25.00

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2018 APR 23 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

APR 25 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2018

DENNIS P KING
9470 WILDCAT RD #28108
LENEXA, KS 66219

SUBJECT: CREW HOME SOLUTIONS, LLC
Ref. Number: M16000005533

We have received your document for CREW HOME SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need a certified copy reflecting the name change of the LLC.

- Certified copy of amendment or certificate

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 018A00006832

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crew Properties LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis P King
Name of Person

Crew Properties LLC
Firm/Company

9470 Wildcat Rd, # 28108
Address

Lenexa, KS 66219
City/State and Zip Code

dennis.king@crewproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis P King at (913) 461-2390
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Crew Home Solutions LLC

Enter new principal office address, if applicable: 9470 Wildcat Road

Unit 28108

**(Principal office address
MUST BE A STREET ADDRESS)**

Lenexa, KS 66219

Enter new mailing address, if applicable:

9470 Wildcat Road

(Mailing address

Unit 28108

MAY BE A POST OFFICE BOX)

Lenexa, KS 66219

2. The Florida document number of this limited liability company is: M16000005533

3. Jurisdiction of its organization: Kansas LLC

4. Date authorized to do business in Florida: July 11, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Crew Properties LLC

(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Dennis P. King
 Signature of the authorized representative

DENNIS P. King, Member
 Typed or printed name of signee

Filing Fee: \$25.00

Office of the Kansas Secretary of State

Name Change Amendment

Electronic File Stamp Information:

Filed

- Date: 08/18/2017
- Time: 03:46

1. Old Business Entity Name: CREW HOME SOLUTIONS, LLC
2. Business Entity I.D. Number: 5515606

The name of the business entity has been amended:

New Business Entity Name: Crew Properties LLC

"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."

Executed on the 18 of August , 2017 .

Dennis P King
Authorized Person



I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 18 of August , 2017.

Kris W. Kobach

To validate the authenticity of this electronically certified document please visit, <https://www.kansas.gov/sos-namechange/validation.do>. Enter the following authentication code: 131794



I hereby certify this to be a true and correct copy of the original on file.
Certified on this date: *April 16, 2018*
Kris W. Kobach
Secretary of State *Kris W. Kobach*