m16000006172

(Requestor's Name)					
(Address)					
(Addiess)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. Dennis					
10-28-24					
10.79.24					

Office Use Only



500438281645

1024 OCT 28 PM 2: 04 SECRETARY OF STATE



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. Na	me of the limited liability company: CRUNK ENGIN	EERING	3 L	LC		
2. (a)	7112 Crossroads Blvd Ste 201	C'	b)	7112 Cross	croads Blvd Ste 201	
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Brentwood, TN 37027		•	Brentwood,	TN 37027	
,	08/02/2016	-		и16000006		
3.	Date of filing/registration in Florida	4.		D	ocument number	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State INCORP SERVICES, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3458 LAKESHORE DRIVE			Dept. of State:		
	TALLAHASSEE .FI	32312			202 Al	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O Corporation Service Company NEW Registered Office Address: 1201 Hays Street			ess:	FILED 2024 OCT 28 PH 2: 04 SECRETARY OF STATE ALLIANASSITE FLORIDA	
	Tallahassee , F1	32301				
change igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	red om nite	office and to pany, it is he ad liability of	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
					MANAGING MEMBER	
	ure of a member or authorized representative of a member				rinted or typed name of signee	
provisio he obli o mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it is writing of this change.	ee to ac perform d for in (hereby c	t ir. ian Ch :on	i this capac ce of my du apter 605, f firm that the	ity. I jurther agree to compty with the ties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been	
	GRACE E. KIRBY, ASST. ' re of Registered Agent	VICE PF	RE	SIDENT		

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