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		70:	Division of Corporations		
			Fax Number : (850)617-6383		
		FгОл :	Account Name : FILE RIGHY LLC Account Number : 120170000091 Phone : (718)678-5811 Fax Number : (718)732-4580 **Enter the email address for this business entity to b annual report mailings. Enter only one email addr Email Address:		معدودة : التحمية : التحمة : التحمة : التممة : التممة : التممة : التممة : التممة : التممة : التممة : التممة : الممة :
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Corporate Filing Menu

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COVER LETTER

H240000718183

TO: Registration Section Division of Corporations

SUBJECT: <u>CRYSTAL VENTURES FL LLC</u> 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:

Mark Fuchs

Name of Person

File Right RA Services, LLC

Firm/Company

1425 37th Street, Suite 201

Address

Brooklyn, NY 11218

City/State and Zip Code

agent@filescorp.com

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

For further information concerning this matter, please call:

Sara Ringel	716 878-5811 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
-	Tallahassee, FL 32303

Enclosed is a check for the following amount:

H240000718183

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 hability 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: <u>CRYSTAL VENTURES FL LLC</u>

2. (a	211 Blyd of the Americas Suite 304	(b) <u>PO Box 868</u>					
	Principal office address of limited liability company: (Note: MUST BB STREET ADDRESS)		/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	_Lakewood, NJ 08701		Lakewa	ood, NJ 08701			
3.	2/19/2020 Date of filing/registration in Florida	 	M20	0000001955 Document number	r.		
				Document Randon			
5. (a) Business Filing Incorporated		-	_			
	Registered Agent and Registered Office shown on the records of	: Use Flor;de	Dept. of Sta	le:			
	1200 South Pine Island Rd, Plantation, FL 35326	. <u>.</u> .		_			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		5	2 2	
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(h)	Pile Distr DA Comisso IIC				LLAHASSEI	-	16
(b)	File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered	d Office add	lress:	_	SE	AM 10: 4	بالاستاب مراجع
	<u>_</u>				1140 m=1	ö	
	625 E Twiggs Succt, Stc. 110					÷	
	NEW Registered Office Address:			_			
				_			
	Tampa, FL 33602			_			
chang agent was/w	limited liability company is not organized under the lay e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	e registere ability co of the lim	ed office ar mpany, it i ited liabili	id the business offic is hereby confirmed ty company or as of	e of the regi that the cha	istere: ingc(s	d)
/s/	Mark Fuchs	Mar	k Fuciss, Au	athorized Person			
Signature of a member or authorized representative of a member			Printed or typed name of signed				

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.

/s/ Mark Fuchs

Signature of Registered Agent

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