M21000001681

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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	12/31/2024			
Name:	Cheyanne Davis			
Reference #:	2565742	_		
Entity Name:	CREW CAPITAL	MANAGEMENT, LLC		
Article	es of Incorporation/Authorization	to Transact Business		
☐ Amen	dment			
Chang	ge of Agent			
☐ Reins	tatement			
☐ Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
☐ Fictition	ous Name			
Other_				
Authorized A	mount: \$35.00			
Signature:	Ohyma Paine			

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

rwna	α.		
I. Na	ame of the limited liability company: CR	EW CAPIT	AL MANAGEMENT, LLC
2. (a)		(h)
_	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ipany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	February 9, 2021		M21000001681
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Brandon Deer		
, ,	Registered Agent and Registered Office shown on the r	records of the Florida	Dept. of State:
	4121 Hardie Ave		. 76 8
	Registered Office Address (MUST BE FLORIDA .	STREET ADDRESS	NOZS J
	Miami	, _{FL_} 33130	FILED N-2 AH ARY OF S
(b)	COGENCY GLOBAL INC.		FILED 2025 JAN -2 AH II: 10 SECRETARY OF STATE ATTACKED TORK
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	Registered Office ado	Iress:
	115 North Calhoun St., Suite 4		_
	NEW Registered Office Address:		
	Tallahassee	, FL 32301	
the cha agent v was/w the art /s/ Bo Signa I here provise the obe to mer.	ange or changes are made, the Florida street ac will be identical. Or, in the case of a Florida li- ere authorized by an affirmative vote of the ma- icles of organization or the operating agreement randon Deer ture of a member or authorized representative of a member thy account the approintment as registered against	Idress of the regis imited liability co embers of the lim nt of the limited laber. Bran	State of Florida, it is hereby confirmed that after stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company. don Deer Authorized Person Printed or typed name of signee in this capacity. I further agree to comply with the succe of my duties, and I am familiar with and accept thapter 605. F.S. Or, if this document is being filed on firm that the limited liability company has been

/s/ Timothy Mayville

Signature of Registered Agent

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