## Maaoooliad

(Requestor's Name)				
(Address)				
(Address)				
(City/S	itate/Zip/Phone #)			
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
Max RORNER ORDS				

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 715498 8413296				
AUTHORIZATION: Some of man				
COST LIMIT : \$ 35.00				
ORDER DATE: May 2, 2023				
ORDER DATE: May 2, 2023				
ORDER TIME : 9:45 AM				
ORDER NO. : 715498-020				
CUSTOMER NO: 8413296				
<u>CHANGE OF AGENT</u>				
NAME: CROSSCOUNTRYCRE LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker  EXAMINER'S INITIALS:				

## 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.

	ame of the limited liability company: CROSSCOUR			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	999 VANDERBILT BEACH ROAD, SUITE 200	999	VANDERBILT BEACH ROAD, SUITE 200	
	NAPLES, FL 34108	NA	PLES, FL 34108	
	11/08/2022	M220	000017061	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
	STARBANCO BUSINESS FINANCE			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	999 VANDERBILT BEACH ROAD, SUITE 200		žis 🔨	
	NAPLES1	34108 FL	BOWN S WW. 20	
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:		
	Corporation Service Company		8° 0'	
	NEW Registered Office Address:		<del></del>	
	1201 Hays Street			
	Tallahassee	32301 FL		
I Caba II	in its distribution and the state of the sta			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registered off liability compan s of the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
,	/s/Kim Eyans	Kim Evar	ns, Director	
Signal	ture of a member or authorized representative of a member	Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statules relative to the proper and complet igations of my position as registered agent as provia ely reflect a change in the registered office address. I in writing of this change.	gree to act in thi ie performance d led for in Chapte I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been	
	/s/Grace E. Kirby	Grace E. Kirby, Asst Vice President		
Signatu	re of Registered Agent		· · · · · · · · · · · · · · · · · · ·	