

PD00000034471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

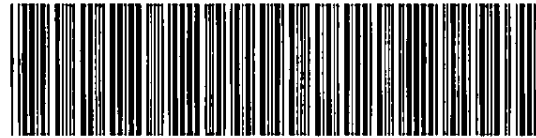
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2021 OCT 11 PM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Lichtenthaler (1987). The total chlorophyll content was determined by the method of Arar and Collins (1997). The carotenoid content was determined by the method of Lichtenthaler and Weil (1983).

Crown Center Retail, Inc.

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Louise Jaffe

Name of Person

Midgard Management, Inc.

Firm/Company

1475 W. Cypress Creek Road, Suite 202

Address

Fort Lauderdale, FL. 33309

City/State and Zip Code

LJaffe@midgardmanagement.com

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

For further information concerning this matter, please call:

Louise Jaffe

at ( 954 ) 640.0233

Name of Person

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

**☐ \$25 Filing Fee**

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Crown Center Retail Inc.
2. (a) 1475 W. Cypress Creek Road  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Suite 202  
Fort Lauderdale, FL. 33309
- (b) Same  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 09/17/2014 Date of filing/registration in Florida
4. P00000054471 Document number
5. (a) Cliff Hertz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Nelson Mullins Broad and Cassel  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
One N. Clematis St. #500  
West Palm Beach, FL 33401
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
360 South Rosemary  
NEW Registered Office Address:  
Suite 1410  
West Palm Beach, FL 33401

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Loise Taffe  
Signature of a member or authorized representative of a member

Loise Taffe  
Printed or typed name of signee

*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.*

\_\_\_\_\_  
Signature of Registered Agent