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(Requestor's Name) (Address)	
(Address)	000377025450
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DEC 16 2021

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COVER LETTER

TO: Amendment Section Division of Corporations

· . ..

SUBJECT: Creekside Villas, Inc. Name of Corporation

DOCUMENT NUMBER: 756608

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Martin-Back

Name of Contact Person

Martin Back Group Real Estate Inc.

Firm/Company

3600 NW 43rd Street, Suite F-1

Address

Gainesville, FL 32606

City/State and Zip Code

debra@martinback.com

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

For further information concerning this matter, please call:

 Debra Martin-Back
 at (³⁵²)⁵⁰⁵⁻⁵⁷⁰⁰

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: _ Creekside Villas, Inc.

2. The principal office address:

3. The mailing address (if different): <u>3600 NW 43rd Street</u>, Suite F-1, Gainesville, FL 32606

4. Date of incorporation/qualification: _____ Document number: 756608

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Misner Real Estate Services, LLC

2632 NW 43rd Street, Suite 1110, Gainesville, FL 32606

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

M	lartinBack Group Rea	Estate Inc.	Fo	2021	
30	500 NW 43rd Street, S	Suite F-1, Gainesville, FL 32606	ECR	21 DE	T
_		P.O. Box NOT acceptable	E INRY HASSE	<u>-</u> C -2	F
The street address as changed will be	of its registered offi identical.	ice and the street address of the business office of its	C Official S register	ered G:	
Such change was a authorized by the l	authorized by resolu board, or the corpora	tion duly adopted by its board of directors or by an ation has been notified in writing of the change.	officers		
Actual	M. F.	Anchalce Phataralaoha, President			

Signature of an officer of director

Anchalee Phataralaoha, President Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

ignature of Registered Agent

If signing on behalf of an entity:

Debra Martin-Back

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

11/29/2021

Date