

F130000004256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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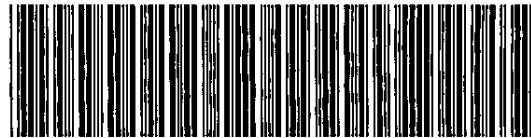
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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OCT 07 2014
T. CARTER

RA/RO Change



United Corporate Services, Inc.

100 State Street, Suite 800
Albany, NY 12207
www.unitedcorporate.com

Toll Free (800)899-8648
Voice (518)694-4414
Fax (518)432-0408

September 17, 2014

RE: LJ CREATE INCORPORATED

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom it may concern:

Enclosed please find a Statement of Change of Registered Agent for the above together with our check to the Florida Department of State for 35.00.

Please file on a routine basis, forwarding a stamped copy as appropriate evidence to the attention of the undersigned, via regular mail.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-877-894-9049 for specific instructions.

Thank you.

Sincerely,

Dolores Burton

JM: dab
Enclosure

Our ID # LJTEC25982&

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of New York
_____ in order to change its registered office or registered agent, or both, in the State of Florida.


1. The name of the corporation: LJ Create Incorporated
2. The principal office address: 2400 Lake Orange Drive, Suite 105, Orlando, FL 32837

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/1/2013 Document number: F13000004256
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)
United Corporate Services, Inc.
9200 South Dadeland Blvd., Suite 508
Miami, FL 33156
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Christopher J. Rowe
2400 Lake Orange Drive, Suite 105
P.O. Box NOT acceptable
Orlando, FL 32837

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.




Signature of an officer or director

C. J. ROWE 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
notified in writing of this change.



Signature of Registered Agent

9/16/14

Date

If signing on behalf of an entity:

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 (03/12)

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