

L04000011818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

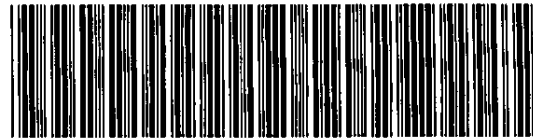
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOV 03 2016

**Everything I Create** 831 40<sup>th</sup> Avenue North, St. Petersburg, FL 33703 (727) 458-9882

www.everythingicreate.com email: [everythingicreate@outlook.com](mailto:everythingicreate@outlook.com) C-10049

~ creative painting, sculpture + other works of art ~

October 31, 2016

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

I have enclosed my request to change the name of my company. The old name is Walls Come Alive.

The new name I want to change it to is Everything I Create.

The company was incorporated on 2-13-2004

The Florida document number is L04000011818

With the current name of Walls Come Alive I had previously filed for the fictitious name of 'Everything I Create' so what I am doing is just changing the name of the company to that fictitious name.

Thank you,  
Robert Schott



01/01/2016  
01/01/2016  
01/01/2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Walls Come Alive

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Schott

\_\_\_\_\_  
Name of Person

Walls Come Alive

\_\_\_\_\_  
Firm/Company

831 40th Ave N

\_\_\_\_\_  
Address

St. Petersburg, FL 33703

\_\_\_\_\_  
City/State and Zip Code

rschott529@outlook.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Schott

727 458-9882  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Walls Come Alive

The Articles of Organization for this Limited Liability Company were filed on 2-13-2004 and assigned Florida document number L04000011818.

**Everything I Create, LLC**

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

**Name of New Registered Agent:**

**New Registered Office Address:**

**Enter Florida street address**

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 CLARASSETT, FLORIDA  
 FILED  
☐ Add  
☐ Remove  
☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2016 NOV -2 A 10 48  
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TALLAHASSEE, FLORIDA