

1050000 89786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

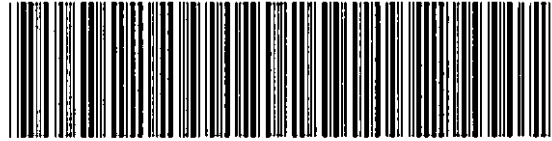
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY
FALL ARREST, FLORIDA

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JAN 29 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~Attestation of Existence~~ Creative Home and Loans, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Mernan
Name of Person

Creative Home and Loans, LLC
Firm/Company

2014 Edgewater Dr. Ste 136
Address

Orlando, FL 32804
City/State and Zip Code

CHLF17@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Mernan at (407) 205-8637
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & 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: Creative Moments and Loans LLC

2. (a) _____ (b) PO Box 61
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4044 Lenox Blvd.
Orlando, FL 32811

PO Box 616307
Orlando, FL 32811

3. 2/25/19 4. L05000089786
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Mernan, Kevin
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4044 Lenox Blvd.
Orlando, FL 32811

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Mernan, Kevin
NEW Registered Office Address:
2014 Edgewater Drive, Ste 136
Orlando, FL 32804

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.

M B W
Signature of a member or authorized representative of a member

Kevin Mernan
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.

M B W
Signature of Registered Agent

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2019 DEC 30 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA