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## COVER LETTER

TO: Registration Section Division of Corporations	<b>1</b>		
SUBJECT:	Lowe and Loons, LL		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Kevin Meman Name of Person			
Geative Mones ad Firm/Company			
1317 Edgenater D	1c. Ste 1584		
Orlando, F1 328 City/State and Zip Code	204		
E-mail address: (to be used for future annual repor	cony rt notification)		
For further information concerning this matter, please c	all:		
Name of Person at (_	407) 205-8635 Area Code & 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		

INHS18 (2/14)

## 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 Ma	me of the limited liability company: <u>Creative Homes and Loons</u> , LLC
i. Na	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	1317 Edgember Dr. Ste 1584 1317 Regenster Dr. Ste 1584
	Orlando, F) 32804 Orlando, F) 32804
	9/13/2005 6050089786
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Mesran, Kevin
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	4312 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	1312 De 1580 2014 Felgeurto D. Ski36  OHardo, Fi 32804
	207
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Same 5
	NEW Registered Office Address:
	1317 Edgewter Dr. 5te 1584
	2
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agent w	or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
	media member or authorized representative of a member    Cours   Media
-	
I herel provision the obli- to mere notified	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatui	e of Registered Agent