

LD70000085125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

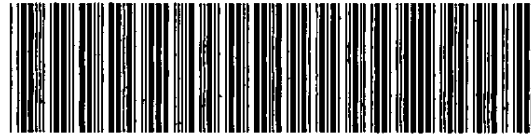
Special Instructions to Filing Officer:

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JUL 17 2008

EXAMINER

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08 JUL 17 AM 10:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARKFIN CREATIVE, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Cuadras
(Name of Person)

SharkFin Creative
(Firm/Company)

183 SW Bascom Norris Dr. #107
(Address)

Lake City, FL 32025
(City/State and Zip Code)

For further information concerning this matter, please call:

Christian Cuadras at (386) 466-1001
(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

☐ \$55 Filing Fee & Certified Copy

• **STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: SharkFin Creative, LLC

2. (a) Principal office address of limited liability company: 183 SW Bascom Norris Dr.
Suite 107
Lake City, FL 32025
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 183 SW Bascom Norris Dr.
Suite 107
Lake City, FL 32025
(Note: **MAY BE POST OFFICE BOX**)

August 21, 2007
3. Date of filing/registration in Florida

L07000085125
4. Document number

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

Registered Agent: The Company Corporation

Registered Office Address: 2711 Centerville Road
Wilmington, DE 19808

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

NEW Registered Agent: Christian Cuadras

NEW Registered Office Address: 183 SW Bascom Norris Dr.
Suite 107
Lake City, FL 32025
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Chris Cuadras
(Signature of a member or authorized representative of a member)

Christian Cuadras
(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 608, 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.

Chris Cuadras
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
08 JUL 17 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA