411000036677

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(Address)
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(City/State/Zip/Phone #)
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September 13, 2023

ROBERT ANTHONY 1840 SCHOOLCRAFT ST HOLT, MI 48842 US

SUBJECT: EJL CREATIVE LLC Ref. Number: L11000036677

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABLITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 723A00020998

Summer Chatham Regulatory Specialist III Director's Office

C. . . . 2323

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EJL Creative Name of Limit	ed 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:
Robert Authory Name of Person	
EJC Creative CC	
1840 School craft st	
Holf Mt 48842 City/State and Zip Code	
City/State and Zip Code rob a livingwithrob. cm E-mail address: (to be used for future annual report)	notification)
For further information concerning this matter, please call	1:
Robert A Anthony at (4)	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	S55 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.

Name of the limited liability company: _ETC	'Crea	tive (LLC	-	
(a) 2160 Bur Oak Rlud Stoland	FC (t		Schooler	aft st 1	HOLHMIT
Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	· 3477/	1	Mailing address of (<u>Note: MAY BI</u>		
03-28-2011			0000	3667	
Date of filing/registration in Florida (a) Robert A Authory	4.		Document nun	nber	
Registered Agent and Registered Office shown on the reco	ords of the Florida	a Dept. of State	- 2:	•	25
2160 Bm Oak Blu	d		-		73 F.
Registered Office Address (MUST BE FLORIDA STE	<u>REET ADDRESS</u>	Σ <u>)</u>			2923 GCT 19
- $(+)(1)$		<u>, , , , , , , , , , , , , , , , , , , </u>	-		70
37 Cloud	_, FL 		-	. :3	
(b) Robert A Authory			_	12-	59
Enter name of NEW Registered Agent and/or NEW Regi	istered Office ad	ldress:			
NEW Registered Office Address:	<u> N</u>		-		
PMB 8197			-		
Cresturew	_, FL_32	536	-		
he limited liability company is not organized under tange or changes are made, the Florida street address cent will be identical. Or, in the case of a Florida limits/were authorized by an affirmative vote of the memarity of reapization of the operating authorized.	of the registere ted liability co bers of the lim	ed office and ompany, it is nited liability	d the business of thereby confirm y company or a	office of the med that the	registered change(s)
My Will		Robe		Antho	W
ignature of a member or authorized representative of a member			Printed or typed	name of signee	/
nereby accept the appointment as registered agent an ovisions of all statutes relative to the proper and com obligations of my position as registered agent as pro- merely reflect a change in the registered effice addre- tified in writing of this change.	id agree to act plete performi ovided for in C ess, I hereby co	in this cape ance of my e Chapter 605 onfirm that i	icity. I further luties, and I an , F.S. Or, if thi the limited liab	agree to con 1 familiar wi 1s document ility compan	nply with the th and accept is being filed y has been
gnoture of Registered Agent	_				

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