

L11 000808075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

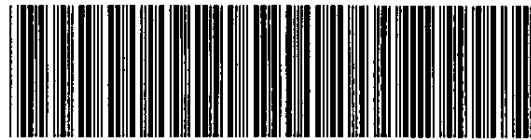
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100290505631

09/23/16--01008--007 \*\*25.00

16 SEP 23 AM 11:07  
RECEIVED  
FILING

SEP 26 2016

Y SULKER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Creative Business Solutions Group 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:

Christopher BANAS  
Name of Person

Creative Business Solutions Group LLC  
Firm/Company

11250 Old St. Augustine Rd, STE 207  
Address

Jacksonville, FL 32257  
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher BANAS at ( 904 ) 404-9980  
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 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 Business Solutions Group LLC

2. (a) 10354 Osprey Nest Dr. W. (b) 11250 Old St. Augustine Rd

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32257

STE 207

Jacksonville, FL 32257

3. Sept 21, 2011

Date of filing/registration in Florida

L11000108075

4.

Document number

5. (a) Northwest Registered Agent LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3030 N. Rocky Point Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 150A

TAMPA

, FL 33607

(b) Christopher Banas

Enter name of NEW Registered Agent and/or NEW Registered Office address:

10354 Osprey Nest Dr. W.

NEW Registered Office Address:

Jacksonville

, FL 32257

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.

CJ Banas  
Signature of a member or authorized representative of a member

Christopher BANAS

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.

CJ Banas  
Signature of Registered Agent