L12000015097

(Requestor's Name)	
(Address)	80025
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/14/
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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01/14/14--01009--008 **35.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

T. Burch FEB 1.0. 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CREATIVE CONNEC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
LUKE PRIOGEON Name of Person	<u> </u>	
CRENTUE CONNECT PARTNERS LLC Firm/Company		
11662 BRIGHT STOWE	WAY	
City/State and Zip Code		
FUNNY BONE LUKE & YHHOO. COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LUKE PRIDGEON	at (407) 951 -4216	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tullandosee, Tiolida 525 Ti	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (12/13)

-B



January 24, 2014

LUKE PRIDGEON 11662 BRIGHTSTOWE WAY ORLANDO, FL 32836

SUBJECT: CREATIVE CONNECT PARTNERS LLC

Ref. Number: L12000015097

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

You submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00001662

Tim Burch Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Creative Connect Partners LLC

Name of Corporation

.12000015097

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luke Pridgeon

Name of Contact Person

Ceative Connect Partners LLC

Firm/Company

11662 Brightstowe Way

Address

Orlando, FL 32836

City/State and Zip Code

funnyboneluke@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luke Pridgeon

Name of Contact Person

407 480-5233
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of sections 605.0114, 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:	CONNECT PANTNERS LLC
2. (a) Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	9101 INTERNATIONAL DE # 2310 ORLANDO EL 32819
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	T A S A
FEBRUARY 1, 2012	L1200001509
3. Date of filing/registration in Florida 4	1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Deptrof state:
Registered Agent:	LUKE PRIOGERA ?
Registered Office Address:	10385 EMERALD WOODS NOT OULANDO, FL 32836
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address:	Registered Office address:
(MUST BE FLORIDA STREET ADDRESS)	ORLANDO FL 32836
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or athorized representative of a member When the property of the appointment as registered agent and agreement of the provisions of all statutes relative to the province of the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or
Signature of Report Agen	
Division of Corporations, P.O. Box 632 FILING FEE: \$2	

INHS18 (12/13)