12000068

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
APR '- 9 2013		
L. SELLERS		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Key Custom Creations, L.C. Name of Limited Liability Company			
Dear Sir or Madam:	•		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Kimberly Vaughn Name of Person Var Custom Circution	•		
Key Custom Creations, LLC			
2365 Kirkwall Street			
Orange Park, FL 3700 City/State and Zip Code	<u>5</u>		
Key custom creations amail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kimberly Vaughn at (904) 272-8306			
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 amou	nt:		
= \$25 Filing Fee Sent already see attached letter Dated Feb. 28, 2013	\$55 Filing Fee & Certified Copy		



February 14, 2013

KIMBERLY VAUGHN 2635 KIRKWALL STREET ORANGE PARK, FL 32065

SUBJECT: KEY CUSTOM CREATIONS, LLC

Ref. Number: L12000065638

We have received your document for KEY CUSTOM CREATIONS, 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):

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

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.

Leslie Sellers Regulatory Specialist II

Letter Number: 613A00003733



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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:	Custom Creations LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 2365 Kirkwall Street Orange Park FL 37065
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2365 Kirkwall Street Drange Park, FL 32065
May 15, 2012 3. Date of filing/registration in Florida	L12000065638 4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company A
Registered Office Address:	1201 Hays Street Tallahaure, FL32301
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:
NEW Registered Agent:	Kimberly Vaughn
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2365 Kirkwall Street
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability 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 authorized representative of a member	orida street address of the registered office
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address. Thereby confirmthat the limited liability company Signature of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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