## U200093995

(Requestor's Name)		
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(City	/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
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Certified Copies	Certificates	s of Status
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SEGRETARY OF STATE
AND ASSEE, FLORIBA

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(1) 93995

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Creative RE :  Name of Limited Liabili	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Laurie Bartlett	
Name of Person	-
Creative RE Investments IIc	_
Firm/Company	_
15961 McGregor blvd. #4	201 ALSH
Address	- LAHE
ft myers, fl 33908	ASS.
City/State and Zip Code	
lbartlett@suncoastreoholdings.com	2013 JAN 14 PM 1: 48 SEGRETARY OF STATE ALLAHAGSEE FLORIDI
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
laurie bartlett 239	, 440-7411
	rea Code & Daytime Telephone Number
Registration SectionRegiDivision of CorporationsDivisClifton BuildingP.O.	stration Section sion of Corporations Box 6327 shassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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: 2. (a) Principal office address of limited liability company: \_/ (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (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 hability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 808, F,S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent