L12000132890

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900252759359

10/23/13--01021--015 **35.00





October 28, 2013

MARY WALSH 370 CENTERPOINTE CIRCLE SUITE 1136 ALTAMONTE SPRINGS, FL 32701

SUBJECT: CREEK WAY DEVELOPMENT, LLC

Ref. Number: L12000132890

We have received your document for CREEK WAY DEVELOPMENT, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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: 813A00025104

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Ame

Amendment Section Division of Corporations

SUBJECT: Creek Way Development LLC

Name of Corporation

DOCUMENT NUMBER

12000132890

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:

Mary Walsh

Name of Contact Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle Suite 1136

Address

Altamonte Springs, FL \$2701

City/State and Zip Code

mwalsh@emerson-us.com

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

For further information concerning this matter, please call:

Mary Walsh

_{at} 407

332-4480

Name of Contact Person

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

CR2E045 (03/12)

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: Creek Way Developm	ont, LLC	
2. (a) Principal office address of limited liability compar	v 370 CenterPointe Circle, Suite	1136
(Note: MUST BE STREET ADDRESS)	Altamonte Springs, FL 32701	
(b) Mailing address of limited liability company:	370 CenterPointe Circle, Suite	1136
(Note: MAY BE POST OFFICE BOX)	Altamonte Springs, FL 32701	
10/18/2012	11200032890	
3. Date of filing/registration in Florida	4. Document number	•
5. (a) Registered Agent and Registered Office shown on	the records of the Flor	ida Dept. of State:
Registered Agent:	Kathryn Smith	
•		
Registered Office Address:	370 CenterPointe Circle, Suite 1 Altamonte Springs, FL 32701	1138
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office	address:
NEW Registered Agent:	Mary Walsh	
NEW Registered Office Address:	Emerson International, Inc.	
(MUST BE FLORIDA STREET ADDRESS)	370 CenterPointe Circle, Suite 1136	
	Allamonte Springs	,FL 32701
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	llauida atuaat adduaaa af	the registered office
27,0 Or a manufact of a smill most representative of a manufact		**************************************
Jonathan Claber		· · · · · · · · · · · · · · · · · · ·
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochage to the confirmation of the limited liability company and the limited liability company signature of Registered Agent	igree to act in this cape oper and complete per sition as registered ag rely reflect a change li y has been notified in v	acity. I further agree to formance of my duties, ent as provided for in a the registered office writing of this change.
1 /		

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