113000012361

(Re	equestor's Name)	<u> </u>		
(Ad	ldress)			
, (Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: JEFF'S CUSTOM Creations 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:						
Charles J Tate						
Jeff's Oston Crasitions LLC Firm/Company						
M12 Adidas Road						
Winter Speings, FC. 32708 dity/State and Zip Code						
Jeffreaux 911 e 4ahoo.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Charles Tate at (407) 341 - 2496 Name of Person at (407) 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						



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2014

CHARLES J TATE JEFF'S CUSTOM CREATIONS LLC 712 ADIDAS RD WINTER SPRINGS, FL 32708

SUBJECT: JEFF'S CUSTOM CREATIONS LLC

Ref. Number: L13000012361

We have received your document for JEFF'S CUSTOM CREATIONS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 014A00006192

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

Pursuant to the provisions of sections 605.0!14 or 605.0!16, 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.

ι.	Na	ime of the limited liability company: <u>Jeff's Custom Cre</u>	eations LC	
2.		Teffs Custom Creations (LC (b) Jeff Principal office address of limited liability company:	F5 Costom Creation . L/C Mailing address of limited liability ompuny:	-
		(Note: MUST BE STREET AUDRESS)	(Note: MAY BE POST OFFICE BOX)	
		4409 Hoffner Ave-Saite 211 4409	Hoffner Ave Suite 211	_
		Orlando, FL 32812 Orlan	ndo, FL 32812	
			•	
		1-23-2013 <u>L130</u>	00012361	
3.		Date of filing/registration in Florida 4.	Document number	
5.	(a)	Charles J. Tate	.	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State	e:	
		· · · · · · · · · · · · · · · · · · ·	_	
		Registered Office Address (MUST RE FLORIDA STREET ADDRESS)		
		4409 Hoffner Ave Suite 211	1	
		Orlando FL 32812	APR TI	
			- AHASSS	
	(b)	Charces J. Tate	- read and the	
		Enter name of NEW Registered Agent and of NEW Registered Office address:	ANIO: 07	į
			[5] 5	
		The second secon	D: 07	
		NEW Registered Office Address:	>	
		TID Adidas Bd.	-	
		22708		
		Winter Springs FL 32708	-	
lf t	he li	mited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed hat after	
the	cha	nge or changes are made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited liability company, it is	e and the business office of the registere	d
พล	/we	re authorized by an affirmative vote of the members of the limited liability	v company or as otherwise r loyided in	
the	arti	cles of organization or the operating agreement of the limited liability com	npany.	
	•	Chele b- Se Ch.	arkes J. 19th	_
S	រដីបធ[ure of a member or authorized representative of a member	Printed or typed name of signee	
I h pro	erel viși	by accept the appointment as registered agent and agree to act in this cape was of all statutes relative to the proper and complete performance of my e igations of my position as registered agent as provided for in Chapter 605 By reflect a change in the registered office address, I hereby confirm that it is privileged this charge.	acity. I further agree to con ity with the duties, and I am familiar with and accept	: 25
the 10 I	obli nere	igations of my position as registered attent as provided for in Chapter 605 Ily reflect a change in the registered office address, I hereby confirm that t	i, r.s. Or, y mis accument i netting filet the limited liability compan, has been	J
nol	ified	l'in writing of this change.		

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

Signature of Registered Agent