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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Creem Teem, LLC	ed Liability Company	
Name of Limit	ed 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:	
Joseph Perazza		
Name of Person		
Creem Teem, LLC		
Firm/Company		
6278 N Federal #342		
Address		
Fort Lauderdale, FL 33308		
City/State and Zip Code		
jperazza@creemteem.com	1	
E-mail address: (to be used for future annual report notifica		
For further information concerning this matter, pl	ease call:	
Joseph Perazza	954 \ 900 9791	
Name of Person at (Area Code & Daytime Telephone Number	
CONTROL COLUMN A DESCRIPTION OF THE COLUMN ASSESSMENT OF THE COLUMN ASS	·	
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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: Creem Teem	n, LLC
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	Ompany: 6278 N Federal #342 Fort Lauderdale, FL 33308
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	6278 N Federal #342 Fort Lauderdale, FL 33308
August 8, 2013	L13000112156
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	Creem International, Inc
Registered Office Address:	6278 N Federal #342
	Fort Lauderdale, FL 33308
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW Registered Agent</u> :	Joseph Perazza
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	6278 N Federal, #342 S) Fort Lauderdale, FL 33308
	,FL_:
the operating agreement of the limited liability com	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Signature of a member or authorized representative of a member	
Joseph Perazza Printed or typed name of signee	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations o Chapter 605, F.S. Or, if this document is being file address, Phereby confirm that the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in different to the tegistered office office office of this change.

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

Signature of Registered Agent