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SEP 26 2014

R. WHITE

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	N House Creative, LLC							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The en	aclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning this m	atter to the following:						
Jenn	ifer Nelson							
	Name of Person							
N Ho	use Creative, LLC							
	Firm/Company							
1535	0 Wind Whisper Drive							
	Address							
Odes	ssa, FL 33556							
	City/State and Zip Code							
jen@	nhousecreative.com							
Ī	E-mail address: (to be used for future annual	report notification)						
For fu	rther information concerning this matter, plea	ase call:						
Jenni	ifer Nelson	813 335-4800						
	Name of Person	Area Code & Daytime Telephone Number						
	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 amount:							
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: N House Crea	ıtive, l	_LC	···-					
2. (a)		(b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·		Mailing addres (Note: MA)			-		·:
	15350 Wind Whisper Drive	_	15350 V	Vind Whis	per	Drive			
	Odessa, FL 33556		Odessa	, FL 33556					
	filing date: effective date: May 8, 2014 June 15, 2014	_	L140000	78052					
3.	Date of filing/registration in Florida	4.		Document i	nun	nber			
5. (a)	Jennifer Kathleen Nelson			_					
	Registered Agent and Registered Office shown on the records of t	he Florio	la Dept. of Stat	e:					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>'S)</u>	_					
	7260 Barque Drive			_	,	5. 4			
	Tampa , FL	3360	7 	_	4	A	4		
(b)	Jennifer Kathleen Nelson						SEP 2	=	•
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:				22	m	
	15350 Wind Whisper Drive			_			₽# -:	Ö	:
	NEW Registered Office Address:		i			DA	38		
	Odessa , FL	33556							
the ch agent was/w the art linere provis the ob- to mer notifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attraction of a member of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete alignations of my position as registered agent as provided a in writing of this change. Division of Corporations • P.O. E	the reg bility of f the li limited ————————————————————————————————————	istered office company, it is inited liability con the company of the control of the confirm that	e and the busts hereby conty company of the property. Printed or type acity. I furted duties, and is, F.S. Or, if the limited I	sine of as ped t her I am I thi	ess office med that s otherw name of signature agree to a familian is docum ility com	e of the the classe progression	hange(ovided	stered s) I in

FILING FEE: \$25.00