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i			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only Clater Liph Hollow)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Registration Section Division of Corporations					
\ '					
Christian Creations LLC BJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Megan Sauls					
Name of Person					
Christian Creations					
Firm/Company					
150 N Hathaway Ave					
Address					
Bronson, FL 32621					
City/State and Zip Code					
megannlaurie@gmail.com					
E-mail address: (to be used for future ann	nual report notification)				
For further information concerning this matter,	, please call:				
Megan Sauls	352 507-2067				
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 2661 Executive Center Circle	P.O. Box 6327				
Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following	; amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				
INUS18 (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. Na	ame of the limited liability company: Christian Crea	itions LLC	
2. (a)	Christian Creations	(b) Christia	n Creations
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ 、,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6745 NW 60TH ST	6745 NV	W 60TH ST
	Ocala, FL 34482	Ocala, F	FL 34482
	5/21/2014	L140000	82399
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Megan Sauls		
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of Stat	ـــــــــــــــــــــــــــــــــــــ
	Christian Creations		· · · · · · · · · · · · · · · · · · ·
	Registered Office Address (MUST BE FLORIDA STREET A		
6745 NW 60TH ST			
	Ocala	34482	
	, FL	· · · · · · · · · · · · · · · · · · ·	- <u> </u>
(b)	Megan Sauls		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_
	Christian Creations		
	NEW Registered Office Address:		-
	150 N Hathaway Ave		_
	Bronson ,FL	32621	
the cha agent was/w	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 cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office this is the company, it is for the limited liability.	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany.
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in this cap performance of my I for in Chapter 60. tereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	ire of Registered Agent		