## L14000091174

(Requestor's Name)						
(Address)						
(Address)						
ty/State/Zip/Phone	e #)					
☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certificates	s of Status					
Special Instructions to Filing Officer:						
	dress)  cy/State/Zip/Phone WAIT  siness Entity Nar  cument Number)					





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## COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Vacation Creations, LLC		
SCECT.	Nan	ne of Limited	Liability Company
Dear Sir or I	Madam:		
The enclose	d Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.
Please return	n all correspondence concerning th	is matter to th	ne following:
Shaun Ha	arris		
	Name of Person		
Vacation	Creations, LLC		
	Firm/Company		<del></del>
391-B Co	rporate Way		
<u></u> ,	Address		
Orange P	ark, FL 32073		
<u></u>	City/State and Zip Code		<del></del>
shaun@v	acationcreations.us		
E-mai	address: (to be used for future and	nual report no	tification)
For further	information concerning this matter	, please call:	
Shaun Ha	arris	904 at (	472-1221
	Name of Person	u (	Area Code & Daytime Telephone Number
Reg Div Clir 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
En	closed is a check for the following	g amount:	
<b>Ø</b> 9	\$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 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: Vacation Crea	ations, L	LC			
2. (a)	391-B Corporate Way	(b)	(b) P.O. Box 184			
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (3)	Mai	iling address of limited lial Note: MAY BE POST OF		
	Orange Park, FL 32073		Orange Pa	ark, FL 32067		
	1/31/12	 	.14000091	174		
3.	Date of filing/registration in Florida	4.	D	ocument number		
5. (a)	Shaun Harris					
5. (u)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:			
	391-B Corporate Way 115-6 Inclus	Hrial 1	N good			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)				
	Orange Park , FL	32073		प्रकार प्राप्ति स्टब्स् प्राप्ति स्टब्स् स्टब्स्		
(b)	Shaun Harris			23 / 887 0 887 1	m	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	A I	O	
	391-B Corporate Way			A II: 12 OF STATE OF LORIDA		
	NEW Registered Office Address:			ـ مب		
	Orange Park , FI	32073				
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the	f the regist lability cort of the limit limited li	ered office a mpany, it is h ted liability of	and the business office nereby confirmed that company or as otherw	e of the registered the change(s)	
_	ature of a member or authorized representative of a member			Printed or typed name of si	_	
I here provis the ob to men notifie	by accept the appointment as registered agent and age tions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address, I all myriting of this change.	ree to act : e performa ed for in C hereby co	in this capac ince of my du hapter 605, i nfirm that th	city. I further agree to uties, and I am familia F.S. Or, if this docum e limited liability com	o comply with the or with and accept nent is being filed npany has been	
Signal	tire of Registered Agent					