

L14000171929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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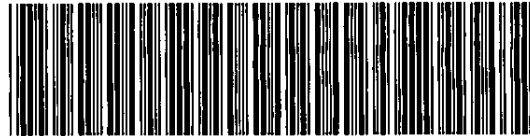
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REV 02 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUNTRESS CREATIVE, 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:

JENSEN EDDINS

Name of Person

HUNTRESS CREATIVE LLC

Firm/Company

30 SW 12 ST APT 2904

Address

MIAMI, FL 33130

City/State and Zip Code

HUNTRESSCREATIVE@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENSEN EDDINS

Name of Person

at (321) 248 7305

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

☐ \$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. Name of the limited liability company: HUNTRESS CREATIVE, LLC
2. (a) 79 SW 12 ST APT 2904 MIAMI FL 33130 (b) 79 SW 12 ST APT 2904 MIAMI FL 33130
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 10/16/15 Date of filing/registration in Florida 4. L14000171929 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OAKS CT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

- (b) JENSEN EDDINS
Enter name of NEW Registered Agent and/or NEW Registered Office address:

79 SW 12 ST APT 2904 MIAMI FL 33130
NEW Registered Office Address:

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jensen Eddins
Signature of a member or authorized representative of a member

JENSEN EDDINS
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jensen Eddins
Signature of Registered Agent

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