11600036070

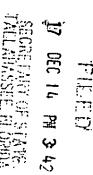
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400306497314

12/14/17--01020--016 **25.00



B FIGUEROA
DEC 15 2017

COVER LETTER

•

INHS18 (2/14)

TO: Registration Section

Division of Corporations		
PERSIMMON CRE	ATIVE, LLC	
SUBJECT:	Name of Limited	Liability Company
Dear Sir or Madam;		
The enclosed Registered Agent/Regi	stered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the	he following:
EILEEN PENNINGTON		
Name of Pe	rson	
BLALOCK WALTERS, P.A.		
Firm/Comp	any	
802 11TH STREET WEST		
Address		
BRADENTON, FLORIDA 342	05	
City/State and 2	Zip Code	
EPENNINGTON@BLALOCK		
E-mail address: (to be used for		
For further information concerning	this matter, please call:	
EILEEN PENNINGTON	941 at (748-0100
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for th	e following amount:	
≥ \$25 Filing Fee		1 \$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.

Name of the limited liability company: PERSIMMO	ON CREATIVE	, LLC	
a)			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
15 PARADISE PLAZA #281	15 P	15 PARADISE PLAZA #281	
SARASOTA, FL 34239	SAF	SARASOTA, FL 34239	
3/9/17	L160	00036070	
Date of filing/registration in Florida	4.	Document number	
(a)	s of the Florida Dept. (of State:	
Registered Office Address (MUST BE FLORIDA STRE.) 700 COCOANUT AVENUE APT 429	ET ADDRESS)		
SARASOTA	, FL_34236		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office Address:	ered Office address:	TALLAHASSEE, B	
802 11TH STREET WEST		<i>₹₩: *</i>	
BRADENTON	, FL_34205	3 5 5 S	
the limited liability company is not organized under the change or changes are made, the Florida street address ent will be identical. Or, in the case of a Florida limited is/were authorized by an affirmative vote of the member articles of organization or the operating agreement of the earliest of a member of the experiment of a member and covisions of all statutes relative to the proper and compare obligations of my position as registered agent as properly reflect a change in the registered office address diffed in writing of this change.	is of the registered and liability comparers of the limited liability the limited liability and the limited liability and the limited liability and the limited liability and the leavest performance wided for in Chapters, I hereby confirmation, F.A.	ity company. Printed or typed name of signee Printed or typed name of signee	