U6000 115050

Office Use Only



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04/10/19--01013--020 **25.00

FILED
2019 APR 10 PM 4: 00

COVER LETTER

•	istration Section ision of Corporations							
SUBJECT:	Change of Registered Agen	t						
	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclose	d Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.					
Please return	n all correspondence concerning th	is matter to	the following:					
Jennie Am	nmons							
	Name of Person	<u>-</u>						
Createk LI	LC			FILED 2019 APR 10 PH 4: 00 SEQUENCES FOR SEALER SEALER SERVICES FOR SEALER SEAL				
	Firm/Company			第 第 形				
8063 That	ch Terrace			FILED R 10 P				
	Address	·						
Hudson, F	L 34667			. 00				
	City/State and Zip Code							
jen@thevi	rtualadmin.com							
E-mail	address: (to be used for future ann	ual report n	otification)					
For further in	nformation concerning this matter,	please call:						
Jennie Am	mons	727 at (514-0430					
	Name of Person		Area Code & Daytime Teleph	one Number				
Regi Divi Clift 2661	SEET/COURIER ADDRESS: Stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Encl	losed 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: Createk LLC					
2. (a)			(b)			
· ·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		of limited liability of BE POST OFFICE	
	8063 Thatch Terrace		8063	3 Thatch Terrac	ce	
	Hudson, FL 34667	_	Hudson, FL 34667			
	6/14/16		L160	00115050		
3.	Date of filing/registration in Florida	- 4.		Document nu	umber	 -
5. (a)	Leah Kershner					
J. (11)	Registered Agent and Registered Office shown on the records of	the Floric	da Dept. o	of State:		
					~	
	Registered Office Address (MUST BE FLORIDA STREET :		25 019			
	34650 US Hwy 19 N Ste 108		APR	Aρ		
	Palm Harbor .FL	34684	1		2019 APR 10 SEGNELLAUT LAILLAHASSE	PRO
	Jamin Amaran			_		.0
(b) Jennie Ammons						
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :		00	
	NEW Registered Office Address:	<u> </u>	·			
	8063 Thatch Terrace					
		<u> </u>				
	Hudson	34667	• ————————————————————————————————————			
If the li	imited liability company is not organized under the law	zs of the	e State c	of Florida, it is ber	aby confirmed t	hat often
ine cha	nge or changes are made, the Florida street address of	the reg	istered c	office and the busin	ness affice of th	e registered
was/we	will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of	f the lir	nited lia	ibility company or	rmed that the chas otherwise pro	nange(s) ovided in
the arti	cles of organization or the operating agreement of the	limited	liability	company.		
	m. C. Unwurren of a member or authorized representative of a member	Jer	nnie Ar	mmons		
•	·		a to alter		d name of signee	
the obli to mere	ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to ac perforn l for in ereby c	it in this iance of Chapter confirm i	capacity. I furthe. My duties, and I a 605, F.S. Or, if the that the limited liad	r agree to comp im familiar with his document is bility company l	ly with the and accept being filed has been
Zen	n Um					
anguatur	e of Registered Agent					