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## COVER LETTER

	Registration Section Division of Corporations				
SUBJE	CreativeOne Food Concepts	s, LLC			
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Off	ice Change and f	cc(s) are submitted for filing.		
Please re	eturn all correspondence concerning th	is matter to the f	ollowing:		
Terry V	Vilkinson				
	Name of Person		_		
Creativ	eOne Food Concepts, LLC				
	Firm/Company		<del></del>		
7914 S	State Road 471				
	Address		<del></del>		
Bushne	ell, FL 33513				
	City/State and Zip Code				
terrywi	lkinson@creativeonecorp.com				
E-1	mail address: (to be used for future ann	ual report notific	cation)		
For furth	ner information concerning this matter,	please call:			
Terry V	Vilkinson	352	978-6405		
	Name of Person		Area Code & Daytime Telephone Number		
]	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	HAING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314		
I	Enclosed is a check for the following	amount:			
Į	S25 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.

(a) 	Principal office address of limited liability company: (Note; MUST BE STREET ADDRESS)  Bushnell, FL 33513  5/04/2017	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  ushnell, FL 33513
E	( <u>Note: MUST BE STREET ADDRESS</u> ) Bushnell, FL 33513		(Note: MAY BE POST OFFICE BOX)
		Bu	ushnell, FL 33513
0	5/04/2017		<del></del>
_	0,020	L16	6000134944
	Date of filing/registration in Florida	- <sub>4.</sub>	Document number
(a) U	Inited States Corporation Agents, Inc		
(a) <u> </u>	egistered Agent and Registered Office shown on the records of	the Florida Dept	t, of State:
1	3302 Winding Oaks Court		
Ro	egistered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
S	Suite A		SE T
T	ampa	33612	17 SEP 29 AH 11: 47
<del></del>	, 11		
(b) _	erry Wilkinson		
	nter name of NEW Registered Agent and/or NEW Registered	Office address	
7	'914 State Road 471		
<u>N</u> I	EW Registered Office Address:		
B	Bushnell	33513	<del></del>
_	, FL	· <del></del> -	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00