

L16000197477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

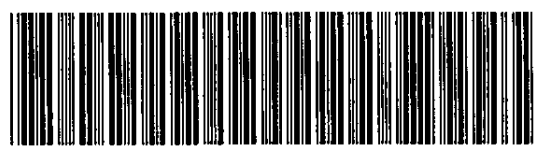
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2017 JAN 25 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2017

FALCONETTI & GROOMS CPA
SHAWN GROOMS
901 DOUGLAS AVE. #206
ALTAMONTE SPRINGS, FL 32714

SUBJECT: CYBERCREED, LLC
Ref. Number: L16000197477

RECEIVED
2017 JAN 25 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CYBERCREED, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00000791

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cybercreed, 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:

Shawn Grooms
Name of Person

Falconetti & Grooms CPA
Firm/Company

901 Douglas Ave. #206
Address

Altamonte Springs FL 32714
City/State and Zip Code

jh@jerryhutcheson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Grooms at (407) 788-3361
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

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: Cybercreed, LLC

2. (a) 2887 Hazel Grove Lane Oviedo FL 32766

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 2887 Hazel Grove Lane Oviedo FL 32766

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

October 26, 2016

3. Date of filing/registration in Florida

L16000197477

4. 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 Oak Court A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

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

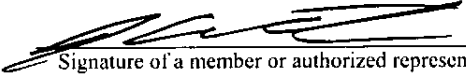
Shawn Grooms

NEW Registered Office Address:

901 Douglas Ave. #206

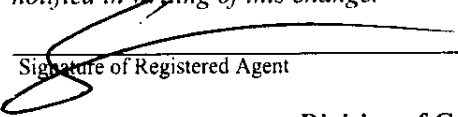
Altamonte Springs, FL 32714

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.


Signature of a member or authorized representative of a member

Jerome Hutcherson
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.


Signature of Registered Agent

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

FILED
2017 JAN 25 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA