

L18000004111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
2018 MAY 22 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2018

MICHAEL L JONES
5960 SW 24TH PL, #307
DAVIE, FL 33314 US

SUBJECT: CREATIVITY NEVER DIES LLC
Ref. Number: L18000004111

We have received your document for CREATIVITY NEVER DIES 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):

Please indicate either the new name of the RA or new office address of RA, or both, in 5(b)

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 818A00009058

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creativity Never Dies, LLC ^{Document} Number L1800000411
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:

Michael L. Jones
Name of Person

Creativity Never Dies, LLC
Firm/Company

5960 SW 24th PL, #307
Address

Davic, FL 33314
City/State and Zip Code

Michael.jones@yahoo
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Jones at (305) 776 2445
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

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**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: Creativity Never Dies

2. (a) 5960 SW 24th PL, #307
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

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

5960 SW 24th PL, #307
Davie, FL 33314

5960 SW 24th PL, #307
Davie, FL 33314

3. 4/20/18
Date of filing/registration in Florida

4. L1800000411
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Michael L. Jones, CEO
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5960 SW 24th PL, #307
Davie, FL 33314 . FL 33314

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

5960 SW 24th PL, #307
NEW Registered Office Address:
D 5960 SW 24th PL, #307
Davie . FL 33314

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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.

Michael L. Jones
Signature of a member or authorized representative of a member

Michael L. Jones
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.

Michael L. Jones
Signature of Registered Agent