119000058317

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only





100393955371

1 1 2 2 - 11 - 20 4011.11

22 SEP -R PH 3: IL

COVER LETTER

	gistration Section — vision of Corporations					
SUBJECT	CREIGHTON SOUNDS LLC					
SOBJECT	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.			
Please retur	m all correspondence concerning	this matter to th	ne following:			
BETHANY	MILLER					
	Name of Person					
KLEINHAU	JS CONSULTING GROUP					
	Firm/Company					
3621 SWAN	VLANE					
-	Address					
PENSACOI	.A. FL 32504					
	City/State and Zip Code	!				
AMGCENT	URY@GMAIL.COM					
E-mai	Laddress: (to be used for future a	nnual report no	tification)			
For further	information concerning this matte	er, please call:				
BETHANY	MILLER	850 at (512-4894			
	Name of Person	,	Area Code & Daytime Telephone Number			
Rej Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the followi	ng amount:				
	\$25 Filing Fee	o	\$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. Na	ame of the limited liability company: CREIGHTON SC	DUNDS L	.LC			
2. (a)	1502 CREIGHTON ROAD	(l	6847 NO	ORTH 9TH AVE.		
 (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · ·	Mailing address of limited liab (Note: MAY BE POST OF		•
			SUITE A	. 336		
	PENSACOLA, FL 32504		PENSAC	OLA, FL 32504		
	02/28/2019		1.1900005	58317		
3.	Date of filing/registration in Florida TWIN PROPERTY HOLDINGS LLC	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of 6847 NORTH 9TH AVE	ale:				
	Registered Office Address (MUST BE FLORIDA STREET). SUITE A 336	_				
	PENSACOLA, FL	32504			22	
(b)	BETHANY MILLER				SEP.	
(8.7	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	∞ −	
	KLEINHAUS CONSULTING GROUP				PH 3:	
	NEW Registered Office Address: 3621 SWAN LANE				<u>-</u>	<u>수</u> 현 강하
	PENSACOLA , FL	32504		_		
change agent v was/we	imited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical for in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim limited l	ed office ar impany, it iited liabili	nd the business office of this hereby confirmed that the day company or as otherwis mpany.	ne registe he change	red c(s)
Higna	ture of a member or authorized representative of a member			Printed or typed name of sign	ice	
provisi the obl to mer notifie	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I l drip writing of this ghange.	ree to act perform d for in (hereby co	in this cap ance of my Thapter 60 onfirm that	pacity. I further agree to c duties, and I am familiar 15, F.S. Or. if this docume the limited liability comp	omply w with and nt is bein any has l	ith the accept g filed been
'Signatu	ire of Registered Agent					