Division of Corporations
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
LLC REGISTERED AGENT CHANGE INTERVAL 941, LLC Certificate of Status
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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:	val 941, L			
2. (a)	1920 Adelicia St. Suite 300		(b)	1920 Adelicia St. Suite 300	
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Nashville, Tennessee 37212			Mailing eddress of limited liability company: (Note: MAY BE POST OFFICE BOX) Nashville, TN 37212	
	06/21/2019			L19000164118	}
3.	Date of filing/registration in Florid	la	4.	Document nu	mber
5. (a)	ADAM BARBER				
(b)	Registered Agent and Registered Office shown on the	e records of th	e Florida De	pt. of State:	
	5780 MEAD AVENUE, 300				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•••
					1
	SARASOTA	, FL_	342	33	11. ED 2019 JUL 16 PM 12: 06 SECRETARY OF STATE TALLAHASSEE, FL
	eResidentAgent, Inc.	<u> </u>			6 PH
	Enter name of NEW Register ed Agent and/or NEW	Registered C	ffice addre	<u>55</u> :	Hon To
	11380 Prosperity Farms Road #2211		TATE FL		
	NEW Registered Office Address:				
	Palm Beach Gardens	FI.	33410		
the cha agent v was/wo	imited liability company is not organized und inge or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the m ictes of organization or the operating agreem	der the laws address of t limited liat nembers of	s of the St he register pility comp the limite	red office and the busin pany, it is hereby confi d liability company or	ness office of the registered rmed that the change(s)
($Q \rightarrow$		Erika	A. Easter, Authorized	i Person
Signa	ture of a member or authorized representative of a mem	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

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Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FIT INC FEE: \$25.60