

L21000524601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

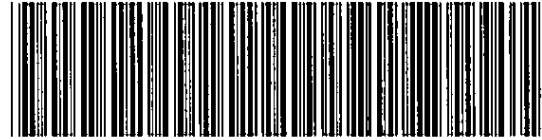
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2023

ALEXISS WRIGHT
1017 COUNTRY LAKE CIR
LAKE WALES, FL 33898

SUBJECT: LAKEFRONT CREATIONS, LLC
Ref. Number: L21000524601

We have received your document for LAKEFRONT CREATIONS, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 323A00003342

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakefront Creations 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:

Alexiss Wright
Name of Person

Lakefront Creations LLC
Firm/Company

1017 Country Lake Cir
Address

Lake Wales, FL 33898
City/State and Zip Code

Lakefrontcreations1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexiss Wright at (863) 624-1239
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: LaheFront Creations LLC
2. (a) 1017 Country lake Cir (b) 1017 Country Lake Cir
Principal office address of limited liability company Mailing address of limited liability company
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Lahe Wales, FL 33898 Lahe Wales, FL 33898

3. December 13, 2021 4. L21000524601
Date of filing/registration in Florida Document number

5. (a) Lahe Front Creations LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1017 Country lake Cir
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lahe Wales, FL 33898

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

1017 Country lake Cir
NEW Registered Office Address:

Lahe Wales, FL 33898

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.

Alexiss Wright
Signature of a member or authorized representative of a member

Alexiss Wright
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.

Alexiss Wright
Signature of Registered Agent