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| (Ad | ldress) | <u> </u> |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | : #) |
| | | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

COVER LETTER

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•TO: Registration Section Division of Corporations

SUBJECT: Dynamic 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:

- 6

Laurel White

Name of Person

Firm/Company

4554 25th Ave. S

Address.

Saint Petersburg, FL 33711

City/State and Zip Code

laurelwhite@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Laurel White | at $(\frac{678}{777-1732})$ |
|--------------------------|--------------------------------------|
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |

Enclosed is a check for the following amount:

□ S25 Filing Fee

S55 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.

| a) | | | (b) | |
|------------|---|-----------------|------------|---|
| | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | | Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BON</u>) |
| | 4554 25th Ave. S | | 455- | 4 25th Ave. S |
| | Saint Petersburg, FL 33711 | | Sain | nt Petersburg, FL 33711 |
| | 06/06/2023 | | L2300 | 00274873 |
| | Date of filing/registration in Florida | 4. | | Document number |
| | UNITED STATES CORPORATION AGENTS, INC. | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | ET.ADDRE | <u>55)</u> | 28 ^r |
| | | | <u>55)</u> | TALLAINS |
| b) | Registered Office Address <u>(MUST BE FLORIDA STREE</u> 476 RIVERSIDE AVE. JACKSONVILLE | FL <u>32202</u> | | TALLAINSSEET |
| b) | Registered Office Address <u>(MUST BE FLORIDA STREE</u> 476 RIVERSIDE AVE. JACKSONVILLE | FL <u>32202</u> | | FTILED 2024 HAY IT PM 4:28 TALLAHASSEE, FLORID |
| b) | Registered Office Address (MUST BE FLORIDA STREE 476 RIVERSIDE AVE. | FL <u>32202</u> | | ETILED |
| b) | Registered Office Address (MUST BE FLORIDA STREE 476 RIVERSIDE AVE. | FL <u>32202</u> | | TALLAINSSEE FLORIDA |
| b) | Registered Office Address (MUST BE FLORIDA STREE 476 RIVERSIDE AVE. | FL <u>32202</u> | | TALLAHASSEE: FLORIDA |

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.

aure Signature of a member or authorized representative of a member

Laurel White

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