L23000513896

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

FO: Amendment Section Division of Corporations						
SUBJECT: SNAPHAPPY CREATIVES LLC Name of Corporation						
DOCUMENT NUMBER: L23000513896		•				
The enclosed Statement of Change of Registered Offic	ce/Agent an	nd fee a	re submitted	for filing.		
Please return all correspondence concerning this matter	er to the foll	lowing	:			
Maura Keenan						
Name of Contact Person		•				
SnapHappy Creatives LC						
Firm/Company		•				
403 Gowdy Rd						
Address		•				
Sarasota, FL 34237						
City/State and Zip Code		•				
snaphappycreatives@gmail.com						
E-mail address: (to be used for future annual repo	rt notificat	tion)				
						~ `
For further information concerning this matter, please	call:			: <u></u>		2024 FEB
Maura Keenan	at (240		315-3073	Telephone	; <u>; ;</u>	U)
Name of Contact Person	Are	a Code	& Daytime	Telephone	Num	bern
				,	,	70

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

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

CR2E045 (04/13)



January 22, 2024

MAURA KEENAN SNAPHAPPY CREATIVES LC 403 GOWDY RD SARASOTA, FL 34237

SUBJECT: SNAPHAPPY CREATIVES LLC

Ref. Number: L23000513896

We have received your document for SNAPHAPPY CREATIVES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Operations Manager A

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Letter Number: 324A00001311

www.sunbiz.org

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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: Southoppy Crecitive's LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) HU3 Gowdy Rd Screenia, FL 342317 Screenia, FL 342317 (Decitive's LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX 403 Gowdy Rd Screenia, FL 342317 (Decitive's LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX 403 Gowdy Rd Screenia, FL 342317	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) HU3 Gowdy Rul Screwisher, FL 34337 Screwisher, FL 34337 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX 403 Gowdy Rul Screwisher, FL 34337	
Scrossle, FL 34237 Sursotu, FL 34237	
Scrossle, FL 34237 Sursotu, FL 34237	
1/12/2000	
11/13/2023 623513896	
3. Date of filing/registration in Florida 4. Document number	
5. (a) United States Corporation Agents, Tak, Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
474 Riverside Ave	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Jackscouille. FL 3 2202	
A1 1	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
Scrasola	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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 was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.	red :(s)
Maura Neuro Signature of a member or authorized representative of a member Printed or typed name of signee	
·	th the
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is bein to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has be notified in writing of this change.	accept z filed een
Signature of Registered Agent	