## M0200002957

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE



J. BRYAN

JUN 23 2011

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2011

KIRBY S. CHRISTIAN, ESQ. CHRISTIAN, SAMSON & JONES, PLLC 310 W. SPRUCE ST. MISSOULA, MT 59802

SUBJECT: ARCH CREEK INVESTMENTS, LLC

Ref. Number: M02000002957



We have received your document for ARCH CREEK INVESTMENTS, 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):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 211A00013370

## **COVER LETTER**

TO:	Registration Section Division of Corporations	S				
SUBJ	ECT:	ARCH CREE			, LLC	
		Name of Limit	ted Liabilii	y Company		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/	Registered Offic	e Change a	and fee(s) are	submitted for filin	ıg.
Please	return all correspondence	concerning this	matter to t	he following	:	
	KIRBY S. CHRIS			-		
	CHRISTIAN, SAMSON Firm/Compa		LC	-	SECRETAR) FALLAHASS	11 JUN 22 AM II: 35
	310 W. SPR	UCE ST		_	EE.	<b>≩</b> [
	Address				STAT	
	MISSOULA, N	MT 50802			Ģ.m	CF
<del></del>	City/State and Zi			-		
	KIRBY@CSJL mail address: (to be used for future	AW.COM		_		
E-1	mail address: (to be used for future	annual report notifica	tion)			
For fur	ther information concerni	ng this matter, pl	lease call:			
	KIRBY S. CHRISTIA	AN at (	406	)	721-7772	
	Name of Person		A	rea Code & Dayti	ime Telephone Number	
	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		Regis Divis P.O.	LING ADDR stration Section ion of Corpora Box 6327 hassee, Florida	n ations	
Enclosed is a check for the following amount:						
[	\$25 Filing Fee		\$55	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 608.416 or 608.508, 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:ARCH	CREEK INVESTMENTS, LLC				
2. (a) Principal office address of limited liability company	310 W. SPRUCE ST.				
(Note: MUST BE STREET ADDRESS)	MISSOULA, MT 59802				
(b) Mailing address of limited liability company:	310 W. SPRUCE ST.				
(Note: MAY BE POST OFFICE BOX)	MISSOULA, MT 59802				
11/12/2002  3. Date of filing/registration in Florida	M02000002957 4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:				
Registered Agent:	CORPDIRECT AGENTS, INC., KNA				
Registered Office Address:	NATIONAL REGISTERED AGENTS, INC C/O PO BOX 927 WEST WINDSOR, NJ 08550-0927				
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	W Registered Office address:				
NEW Registered Agent:	COHEN PLATOCK, P.L.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1935 COMMERCE LAND - SUITE 4				
	JUPITER ,FL33458				
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.  Signature of a member or authorized representative of a member  KIRBY S. CHRISTIAN, AUTHORIZED AGENT  Printed or typed name of signee					
KIRBY S. CHRISTIAN, AUTHORIZED AGENT Printed or typed name of signee	eree to act in this capacity. I further agree to				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if his document is being filed to me address, I hereby configh that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00