N13000000397

	4.1
(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:	
Office Use Only	



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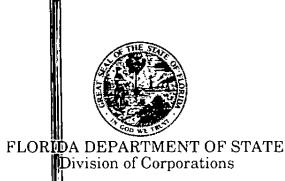
NOV 27 2017 -

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Creek la	Oemero Osser Name of Corporation	esten, Loc.
ļ	1	_
DOCUMENT NUMBER:	130000 1039	<u>/</u>
The enclosed Statement of Change	Registered Office/Agent a	nd fee are submitted for filing.
Please return all correspondence cor	cerning this matter to the fo	llowing:
	n Hoig	
	Name of Jontact Pers	on
	Firm/Company	
Address Address Autoch 6A 30/89 City/State and Zip Code		
E-mail address (to be used for future annual report notification)		
		uai report notification)
For further information concerning this matter, please call:		
JON	at (270 6/7 0244 ea Code & Daytime Telephone Number
Name of Contact Per	son Are	ea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made pa	vable to the Department of S	State.
Mailing Ad	dress:	Street Address:
Amendmer Division of	(Section Corporations	Amendment Section Division of Corporations
P.O. Box 6		Clifton Building
Tallahassee	FL 32314	2661 Executive Center Circle
	<u> · ·</u>	Tallahassee, Fl. 32301

CR2E045 (03/12)



November 16, 2017

JON FLAIG 1086 LONGWOOD DR WOODSTOCK, GA 30189

SUBJECT: CREEK PARK OWNERS' ASSOCIATION, INC.

Ref. Number: N13000010397

We have received your document for CREEK PARK OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

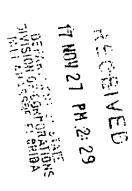
The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 917A00023295



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
· 101	ration organized under the laws of the State of
in order to change its regis le red of	fice or registered agent, or both, in the State of Florida.
1. The name of the corporation:	a Park Owners association, fre.
2. The principal office address: \(\frac{1}{2}\text{0}\)\(\frac{8}{2}\)	6 Longwood Dr.
	rottock GA 30/89
3. The mailing address (if different).	
Ţ,	
4. Date of incorporation/qualification:	18/13 Document number: <u> 1/13/0008/039</u> 7
5. The name and street address of the curren	t registered agent and registered office on file with the
Florida Department of State: (If resigned.	enter resigned)
(strong	ewell, 12
5410 2	Cts /fun 30-A 520/ = =
	eque Buh, H. 32459
	· · · · · · · · · · · · · · · · · · ·
	gistered agent (if changed) and /or registered office 💢 🔼 🛴
(if changed):	ada banaanin 3
	FE GONDANGE
828 Eden 1	A. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	P.O. Box NOT acceptable
/7. wishes	ton H. 32459
The street address of its registered office-ni	nd the street address of the business office of its registered agent,
authorized by the board of the corporation	fully adopted by its board of directors or by an officer so has been notified in writing of the change.
	Jay Flat PRES. Printed or typed name and title
Sephature of an officer or director	
I hereby accept the appointment as register I further agree to comply with the provision	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as registered verely to reflect a change in the registered office address, I en notified in writing of this change.
performance of my duties, and I am familia agent. Or, if this document is being filed n	r with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I
hereby confirm that the corporation has be	en notified in writing of this change.
	() () () () () () () () () ()
Signature of Registered Agent	Date 4
If signing on behalf of an entity:	
TON FUST	
<u> </u>	
*	FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF GORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)