N21000008104

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Account#: 120000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:09/15/2025	
Name: Delijah Showers	
Reference #:	
Entity Name: CREEKSIDE PRESERVE PROPERTY OWNERS ASSOCIATION	INC.
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Reinstatement	
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:\$35	
Signature: Delizah Showers	

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

statement of change is	submitted for a corp	oration organiz	607.1508, or 617.1508, ed under the laws of the 2 ed agent, or both, in the S	State of FL	
1. The name of the cor	poration: CREEKS	SIDE PRESERV	/E PROPERTY OWNER	RS ASSOCIATION, INC.	
The name of the corporation:CREEKSIDE PRESERVE PROPERTY OWNERS ASSOCIATION No Change					
3. The mailing address	(if different):	No Change			
4. Date of incorporation	n/qualification:	7/02/2021	Document number: _	N21000008104	
	address of the curre of State: (If resigned		ent and registered office o	on file with the	
	ст	CORPORATIO	N SYSTEM		
	1200 \$	SOUTH PINE IS	SLAND ROAD	2825 141.	
	PLA	NTATION, FLO	RIDA 33324	2825 SEP	
6. The name and street (if changed):	address of the new r	registered agent	(if changed) and /or regis	stered office	
	Cogency	Global Inc.		0: 28 	
	115 Nort	th Calhoun St., S	uite 4	Tim 👁	
		P.O. Box 3	NOT acceptable		
	Tallahas	ssee, FL 32301			
The street address of as changed will be ide	its registered office a	and the street ac	ddress of the business of	fice of its registered agent.	
Such change was authorized by the boa	orized by resolution gd, or the corporatio	n duly adopted b n has been noti	by its board of directors fied in writing of the cha	or by an officer so inge.	
	Meleod		Joshua McLe		
I hereby accept the ap I further agree to com	ppointment as regist iply with the provision i familiar with and a id merely to reflect a	ered agent and ons of all statut accept the oblig a change in the	agree to act in this capa es relative to the proper	name and title acity. and complete performance egistered agent. Or, if this s, I hereby confirm that the	
/s/ Ti	m Mayville		9/15/2025		
Signature of	Registered Agent		Date		
If signing on behalf o	fan entity:				
Tim Mayville,	Assistant Secretary				
Typed or	Printed Name				

* * * FILING FEE: \$35.00 * * *