## P09000025183

•	(Requestor's Name)
•	(Áddress)
	(Address)
,	(City/State/Zip/Phone #)
. PICK-UF	P WAIT MAIL
	(Business Entity Name)
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	(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Chef Tim Creehan & Name of Co	Company, Inc.		
	200		
DOCUMENT NUMBER: 109000025183			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Tim Cre			
Name of Con	itact Person		
Chef Tim Creehan			
Firm/Co	mpany		
166 Domin	nica Court		
Addr	ess		
Miramar Beac	ch. FL 32550		
City/State an	d Zip Code		
timcreehan@aol.com			
E-mail address: (to be used for fu	iture annual report notification)		
For further information concerning this matter, please call:			
-			
Tim Creehan	_at (850)259-8044		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Departs	ment of State		
Enclosed is a \$55.00 check made payable to the Departi	ment of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

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

2 2	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of Florida
	d office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Chef	Tim Creehan & Company, Inc.
2. The principal office address: 166 Do	minica Court
Miramar Beach, FL 32550	
3. The mailing address (if different):	
4. Date of incorporation/qualification:	3 19 09 Document number: 109000035183
<ol><li>The name and street address of the cur Florida Department of State: (If resign</li></ol>	rrent registered agent and registered office on file with the ned, enter resigned)
Melissa Creehan	
166 Dominica Cou	rt e e e e e e e e e e e e e e e e e e e
Miramar Beach, Fl	_ 32550 <u> </u>
6. The name and street address of the new (if changed):	w registered agent (if changed) and /or registered office
Tim Creehan	
166 Dominica Cou	rt S
	P.O. Box NOT acceptable
Miramar Beach, Ft	_ 32550
The street address of its registered office as changed will be identical.	ce and the street address of the business office of its registered agent,
Such change was authorized by resolut authorized by the board, or the corpora	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
	Tim Creehan - President
Signature of an officer or director  I hereby accept the appointment as reg I further agree to comply with the prov of my duties, and I am familiar with an document is being filed merely to reflec corporation has been notified in writing	Printed or typed name and title istered agent and agree to act in this capacity, isions of all statutes relative to the proper and complete performance d accept the obligation of my position as registered agent. Or, if this ct a change in the registered office address, I hereby confirm that the g of this change.
	7/10/09
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Chef Tim Creehan & Compan Typed or Printed Name	y, Inc.
*	* * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)