

P14000092693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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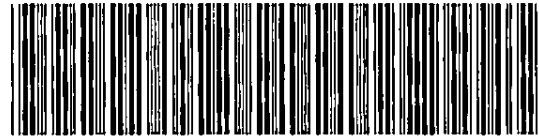
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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NOV 08 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Creeks Development Inc

Name of Corporation

DOCUMENT NUMBER: P14000092693

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:

Ilan Wajsman

Name of Contact Person

Creeks Development Inc

Firm/Company

10 10th Street Unit 34

Address

Atlantic Beach FL 32233

City/State and Zip Code

ilanwajsman@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ilan Wajsman

Name of Contact Person

at (904) 629.4663

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Creeks Development Inc
2. The principal office address: 12443 San Jose Blvd Ste 201 Jacksonville FL 32223

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/13/2014 Document number: P14000092693

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

1000 Bittersweet Branch Ct

Saint Johns, FL 32259

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

10 10th Street Apt 34F

Atlantic Beach FL 32233

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ilan Wajsman
Signature of an officer or director

Ilan Wajsman, Mgr
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ilan Wajsman
Signature of Registered Agent

10/30/2018
Date

If signing on behalf of an entity:

Ilan Wajsman
Typed or Printed Name

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