

P20000005738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

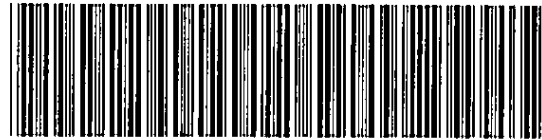
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 20 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREIC INCORPORATED
Name of Corporation

DOCUMENT NUMBER: P20000005738

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:

Christian Abraham

Name of Contact Person

Anderson Business Advisors

Firm/Company

3225 McLeod Drive, #100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Christian Abraham

Name of Contact Person

at (800) 7064741
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 DEC 15 11:21 AM

December 15, 2020

CHRISTIAN ABRAHAM
ANDERSON BUSINESS ADVISORS
3225 MCLEOD DRIVE #100
LAS VEGAS, NV 89121

SUBJECT: CREIC INCORPORATED
Ref. Number: P20000005738

We have received your document for CREIC INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When signing on behalf of an entity listed as registered agent, you must type print your name in the space provided.

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: 020A00025288

**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 FL
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CREIC INCORPORATED
2. The principal office address: 3225 McLeod Dr, Suite 100 Las Vegas, NV 89121
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/13/2020 Document number: P20000005738
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)

PETERKIN COOPER, KEISHA P

931 JAMESTOWN DRIVE ROCKLEDGE, FL 32955

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

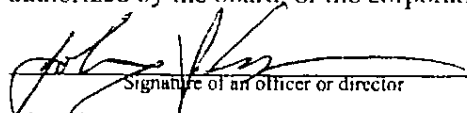
Anderson Registered Agents, Inc.

12001 Research Parkway, Suite 236-K, Orlando FL 32826

P.O. Box NOT acceptable

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.



Signature of an officer or director

Johnny J Cooper, President

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.*



Signature of Registered Agent

6/29/20

Date

If signing on behalf of an entity:

A.T. Mathis

Typed or Printed Name

***** 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 (04/13)