G12992

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	- <u>-</u>
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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SI CRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Laid	llaw Creative, Inc.	_						
(Name of Corporation)								
DOCUMENT NUMBER	G12992							
The enclosed Statement of	Change of Registered Office/	Agent and fee are submitted for filing,						
Please return all correspond	dence concerning this matter to	o the following:						
Mich	mele B. Softness, Esqu	ire						
	(Name of Conta	act Person)						
Jay ————	Koenigsberg, P.A.							
	(Firm/Com	ipany)						
1200	Brickell Avenue, Sui	te 1900						
	(Addre							
	•	,						
Mian	Miami, Florida 33131							
	(City/State and	Zip Code)						
For further information cor	ncerning this matter, please cal	l:						
Michele B. Softnes	ss ontact Person)	at (305) 569-0600 (Area Code & Daytime Telephone Number)						
`	made payable to the Departm							
Ar Di P.	ailing Address: nendment Section vision of Corporations O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building						

Tallahassee, FL 32301

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

statement of cha	nge is submitted fo	ons 607.0502, 617.050 or a corporation organ	nized under the la	aws of the S	tate of Flo	rida_	_
		istered office or regist	_	oth, in the Si	ate of Florid	la.	
1. The name of the corporation: Laidlaw Creative					` :- : -		
2. The principal office address: 1450 Madruga Avenue, Suite 402							
		Coral Gables.	Florida 33	146			
3. The mailing ac	ddress (if different):	<u> </u>	<u> </u>		<u> </u>	
			<u></u>	<u> </u>			<u></u>
4. Date of incorp	oration/qualification	on: 12/3/82	Document	t number: _	G12992		
	street address of the timent of State:	ne current registered a	gent and register	red office or	i file with the	:	
	Intrastate	Registered Age	nt Corporat	ion		(resig	ned 7/5/06)
	701 Brickel	l Avenue, Suit	e 3000				
	Miami, Flor	ida 33131			<u>.</u>	S 8	g' (
6. The name and (if changed):	Michele B. c/o Jay Ko	Softness, Esquenigsberg, P.A.	uire -	nd /or regist	ered office SEE, FLO	NUL 17 AM 9:	FILED
		(P.O. Box NOT acceptable		· · · · · · · · · · · · · · · · · · ·	<u>2</u> 25	35 35	
	Miami, Flo	riđa 33131		e Personal district	· ·		
The street address as changed will	ss of its registered be identical.	office and the street	address of the b	ousiness off	ice of its reg	distered ag	ent,
Such change was authorized by the	s authorized by re e board, or the co	solution duly adopte poration has been no	d by its board of stifted in writing	f directors o	r by an officinge.	er so	
Signatur	a dlau	w)	Robin	La:d/a	w Vic	e Pres	sidat.
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment a o comply with the d I am familiar wi ng filed merely to been notified in w	s registered agent an provisions of all stat th and accept the obl reflect a change in th riting of this change	nd agree to act in utes relative to i igation of my po e registered offi	n this capac the proper c ssition as re ice address,	ity and complet gistered ago I hereby co	e performo ent. Or, if nfirm that	ince this the
Madi	nature of Registered Age	nt)	Jul	y 7, 200	6		
If signing on beh		>		(Date)			
<u>(T)</u>	/ped or Printed Name)	<u></u>	- , <u> </u>	•	•		· . ~

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)