411000017110

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |

Special Instructions to Filing Officer:

A. LUNT

OCT 1 0 2012

EXAMINER

Office Use Only

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EXAMINER



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COVER LETTER

| TO: Registration Section Division of Corporations | • | |
|---|---|--|
| SUBJECT: <u>Creative Web Pro</u> Name of Limited | ductions, 11C I Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office (| Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: ABLARASSI ARASSI | |
| Sus 4N MTES | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 | |
| reality of Felson | | |
| Creative web Production | | |
| Firm/Company | | |
| 909 E. Oak. St Sute | 3 | |
| Address | | |
| Wise F1 34744 | | |
| City/State and Zip Code | , | |
| KlyAtes@msn.com | | |
| E-mail address: (to be used for future annual report notification | on) | |
| For further information concerning this matter, please call: | | |
| Susan Inter at (| 407 , 933-7755 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 | |
| Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR . BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| · · · · · · · · · · · · · · · · · · · | |
|--|---|
| 1. Name of the limited liability company: <u>Creative</u> | Web Productions |
| 2. (a) Principal office address of limited liability company | : 909 E. Oals St Sute B |
| (Note: MUST BE STREET ADDRESS) | Kissimmee F1 34744 |
| (b) Mailing address of limited liability company: | 909 E. Oak St Suite B |
| (Note: MAY BE POST OFFICE BOX) | KISSIMMEC F1 34744 |
| 02/09/2011 | L110000 17/10 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: |
| Registered Agent: | UNITED States Composation Agents 1 |
| Registered Office Address: | 13302 WINDING CAK: Ct Suit |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Susan YATES 909 E. Oak St Suite B KISSIMMER FL 84744 |
| If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization |
| Signature of a member of authorized representative of a member Sus my Jaks Printed or typed name of signee | - |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing the angle of the obligations of my position of the providing to the confirmation of the limited liability company and the limited liability company Signatule of Registers Agent | gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. |
| Division of Corporations, P.O. Box 632 | 27. Tallahassee. FL 32314 |
| | , |

FILING FEE: \$25.00

INHS18 (05/08)