L1100000000053

| | (Requestor's Name) |
|----------------------|--------------------------|
| · | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| . Deck-ne | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | s to Filing Officer: |
| | A 8 4 4 5 1 ==== |

A. LUNT

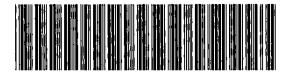
OCT 1 0 2012

EXAMIN_R

Office Use Only
A. LUNT

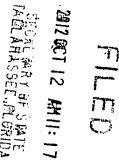
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EXAMINER



000240577130

10/12/12--01002--012 **25.00



COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: <u>Creative Flow</u> Name of Limited | L-ん- C. Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office C | hange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | tter to the following: |
| Name of Person Creative Flow L.L. Firm/Company | 12 |
| | ٠ |
| 909 E. Oak St Suite | <u> </u> |
| City/State and Zip Code Kyptes @ msn.com E-mail address: (to be used for future annual report notification) | n |
| For further information concerning this matter, plea | se call: |
| Name of Person | 407 933-7755 Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amo | |
| \$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.

| agent, or both, in the State of Florida. | , |
|--|--|
| 1. Name of the limited liability company: Creativ | E Flow L.L.C. |
| 2. (a) Principal office address of limited liability company | |
| (Note: MUST BE STREET ADDRESS) | Kissimme F1 34744 |
| (b) Mailing address of limited liability company: | 901 E. Oak St. Suite B |
| (Note: MAY BE POST OFFICE BOX) | Kissimme Fl 34744 |
| 03-03-2011 | L11000026653 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Univer States Comporation Agents. |
| Registered Office Address: | 13302 WINDING OAK et Suite |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | W Registered Office address: |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | KISSIMMEC FT FL 34744 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F 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. Signature of a member or authorized representative of a member | lorida 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 |
| Lauren Yates | _ |
| Printed or typed name of signee Likewahy account the appointment as registered agent and a | area to get in this equality. I finished acres to |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change. |
| Signature of Registered Agent | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)