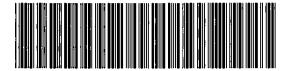
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2011 JUL 23 RH 單 28 SECRETARY OF STATE

C. LEWIS

JUL 2 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	VE SOLVED LLC	
Name of Limite	d 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 matter to the following:		
GREGORY YEVICH		
Name of Person		
CREATIVE SOLVED LLC		
Firm/Company		
,		
45000 MENTON BAY COURT		
15802 MENTON BAY COURT Address		
Auties		
DELRAY BEACH, FL 33446		
City/State and Zip Code		
grad@creativesolved.com		
greg@creativesolved.com E-mail address: (to be used for future annual report notification)		
T 0 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
For further information concerning this matter, ple		
to the same to the	ease call:	
	ease call:	
GREG YEVICH at (561) 865-6015	
GREG YEVICH at (at (561) 865-6015 Area Code & Daytime Telephone Number	
GREG YEVICH at (Name of Person STREET/COURIER ADDRESS:	Area Code & Daytime Telephone Number MAILING ADDRESS:	
GREG YEVICH at (Name of Person STREET/COURIER ADDRESS: Registration Section	561) 865-6015 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section	
GREG YEVICH at (Name of Person STREET/COURIER ADDRESS:	561 865-6015 Area Code & Daytime Telephone Number MAILING ADDRESS:	
GREG YEVICH at (Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations	
GREG YEVICH at (Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	561) 865-6015 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
GREG YEVICH at (Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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.

Name of the limited liability company:	CREATIVE SOLVED LLC	
2. (a) Principal office address of limited liability compa	any: 15802 MENTON BAY COURT	
(Note: MUST BE STREET ADDRESS)	DELRAY BEACH, FL 33446	
(b) Mailing address of limited liability company:	15802 MENTON BAY COURT	
(Note: MAY BE POST OFFICE BOX)	DELRAY BEACH, FL 33446	
JULY 01, 2011	L11000076613	
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:	UNITED STATES CORP. AGENTS, INC.	
Registered Office Address:	13302 WINDING OAK COURT SUITE A	
	TAMPA, FL 33612	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	GREGORY YEVICH	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15802 MENTON BAY COURT	
	DELRAY BEACH ,FL33446	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member		
GREGORY YEVICH		
Printed or typed name of signee		
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		
Signature of Registered Agent	LECT I	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 ASS FILING FEE: \$25.00		
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