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D. SCOTT SEP 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Creative Work Force Solutions, LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Larry Gray Name of Person			
Creative Workforce Solutions Firm/Company	LCC		
6291 M Whis pering Car Loop Address			
Bavewy 14/1s, 1-L 34465 City/State and Zip Code			
E-mail address: (to be used for future annual repo	rt notification)		
For further information concerning this matter, please of	all:		
ar(at(at(at(at(at(at(at(727) 5/0/34/ Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: Creative Work Force Solutions, UC
2. (a)	(b)
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6291 U Whispering Carloss 6291 U Whispering Oak Goof
	Beverly Hills, FL 34465 Beverly Hills, FL 34465
	Dec 27, 7011 L 11000144317
3.	Dec 27, 2011 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:
	Solpael & Utrera, P.A.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1840 Coval Way, 4th Fl
	Miami ,FL 33145
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Carry Gray
	NEW Registered Office Address:
	6291 N Whispering Oak Coop
	Beverly Hills ,FL 34465
If the l	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	cles of organization or the operating agreement of the limited liability company.
Signa	ture of a member or authorized representative of a member Aurence Wayray Printed or typed name of signee
	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi the obl to mer	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatu	re of Registered Agent

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