Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000356761 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:__

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE
MEDIAPRO US HR SERVICES, LLC

0
0
02
\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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.

. (a)	7291 NW 74TH STREET, MEDLEY, FL 33166	(b)	7291 NW 74TH STREET, MEDLEY, FL 33166
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/05/2012	L	12000047123
. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	 4.	Document number
, (u,	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE) 801 US HIGHWAY 1	T ADDRESS)	
	NORTH PALM BEACH ,, E	FL.33408	
(b)	CORPORATION SERVICE COMPANY		
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress:
	NEW Registered Office Address:		
	1201 HAYS STREET		_
	TALLAHASSEE	FL	—————————————————————————————————————
hange gent v vas/w	imited liability company is not organized under the lear changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the S he registered liability con s of the limit	itate of Florida, it is hereby confirmed that after the loffice and the business office of the registered upany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	s/ Sean Arno		Arno, Attorney-in-Fact
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obi o mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	to nortarma:	ice of my anties, and Lam familiar Will and accei
,	AN Arno Seen Arno Attornevin-Feet		

Signature of Registered Agent