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To:	Division of Corporation	6	
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From:	Account Name : CORPOR	ATE CREATIONS IN	TERNATIONAL INC.
	Account Number : 110432 Phone : (561)6	003053 94-8107	E og A
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

	ne of the limited liability company: <u>5000 Critic 21</u> 5118 N 56TH STREET	(b	P.O. B	ox 311029		
ı) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	/	Mailing address of limited ! (Note: MAY BE POST	liability company: OFFICE BOX	
	TAMPA, FL 33610			, FL 33680		-
	04/18/2012			52547		
	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number		
a)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florida	Dept, of Stat		2016	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	2		DIN NOV 20	
	TALLAHASSEE, FL	32301		_	O AM H: C	
b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporate Creations Network Inc.	i Office ad	ldress:	_	n O2 RID2	
	NEW Registered Office Address:			_		
	11380 Prosperity Farms Road #221E			_		
	Palm Beach Gardens	L 33410)	_		
ch:	imited liability company is not organized under the la ange or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited 1 ere authorized by an affirmative vote of the members	iability of the line limited	ompany, it nited liabil liability co	is hereby confirmed to ity company or as other	hat the change(s) erwise provided i	
יזח	ere authorized by an affirmative vote of the memory ieles of organization or the operating agreement of the	Dá	anielle Go	53man, 7 aon e j		
nt v ;/w art	icles of organization or the operating agreement of the sture of a member or authorized representative of a member by accept the appointment as registered agent and ar ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid any reflect a change in the registered office address, id in writing of this statute.		anielie Gu	Frinted or typed name of	ofsignee	 • he a

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