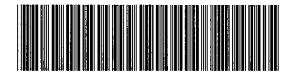
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(Requestor's Name)								
(Address)								
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Certified Copies	Certified Copies Certificates of Status							
Special Instructions to Filing Officer:								

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APR 1.7. 2014

R. WHITE

COVER LETTER

INHS18 (2/14)

TO: Registratio Division of	n Section Corporations						
TRA	X CREATIVE, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam	:						
The enclosed Regis	tered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.					
Please return all co	rrespondence concerning this matte	er to the following:					
Alex Michelini							
	Name of Person						
Trax Capital Ma	nagement						
	Firm/Company						
200 S Orange A	ve, 28th Floor						
	Address						
Orlando, Florida	32801						
	City/State and Zip Code						
amichelini@trax	capital.com						
E-mail addres	s: (to be used for future annual repo	ort notification)					
For further informa	tion concerning this matter, please	call:					
Alex Michelini	at (at	377-0565 x. 704					
Na	me of Person	Area Code & Daytime Telephone Number					
Registration Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is	s a check for the following amoun	ıt:					
☑ \$25 Filir	ig 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 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: TRAX CREAT	IVE,	LL	.C				<u> </u>
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)	1	Mailing address of			
		200 South Orange Avenue, Suite 2800			200 Sou	uth Orange A	venue, S	Suite 2	2800
		Orlando, Florida 32801			Orlando	, Florida 328	01		
		11/08/2012		Ĺ	.120001	41860			
3.		Date of filing/registration in Florida	4.			Document nun	nber		
5.	(a)								
•	(4)	Registered Agent and Registered Office shown on the records of the Nicole C. Smith	he Flori	da l	Dept. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(2.</u>		-			
		200 South Orange Avenue, Suite 2800							
		Orlando, FL_	3280 ⁻	1		-			
	<i>a</i> >							20 20 30	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered 0				-			1
		TRAX CAPITAL MANAGEMENT, LLC					20 20 20 20	:: ::	
		NEW Registered Office Address:				-			
		200 South Orange Avenue, Suite 2800					1>	చి	
		200 South Change Avenue, Suite 2000				-			
		Orlando , FL	3280 ⁻	1		_			
the age wa the	cha ent w s/we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ure of a member or authorized representative of a member	the reg bility of the lii	ist on nit	ered office npany, it is ed liability ability com	e and the busine s hereby confirm y company or a	ess office med that t s otherwis	of the r he char se prov	registered nge(s)
I h pro the to not	ereb ovisio obli nere tified	by accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent	ee to ac perform for in ereby c	et i nai Ch cor			•		with the nd accept eing filed s been