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J. HARRIE

COVER LETTER

Division of Corporations				
SUBJECT: Creative Spark Marketins Name of Limited Liability Company				
Name of Limited 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:				
Jason Moone Name of Person				
Creative Spack Markeryns Firm/Company				
669 Lake Stane Licele Address				
Ponte Vedra Beach, FL 3208 Z City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jason Moonen at (904) 624-9458				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$25 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. Name of the limited liability company: CCGfrve	e Spack	MacleCTIM	ېح, درد
2. (a) 669 Lake STONE Circle	(b) 669	Lake Stor	c Circle
Principal office address of limited liability company:		failing address of limited l	_
(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST	<u>OFFICE BOX</u>)
Ponte Vedra Brach	Ponte	e Vedra	Beach
FC, 32082	FL	32082	
,			
4/117/15	4150	000067439	, 2
3. Date of filing/registration in Florida		Document number	
5. (a))4500 MOOREN			
Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:	:	
1800 The Greens Way	# 300		
Registered Office Address (MUST BE FLORIDA STREET A			
Rogistica office realists	<u> </u>		
Jacksonville ,FL	32250		
,, , , ,		≥ S	ಪ
(b) Jason Mooner			¥ 70
Enter name of NEW Registered Agent and/or NEW Registered	Office address:		e um um si
	^	25 25	œ ,
669 Lake Stope Cit	2/6	The contract of the contract o	= [T]
NEW Registered Office Address:	<u> </u>	<u> </u>	
		RE CENTRAL	: 00
		DE A	0
	_		
Punte Vedra Beach, FL	52082		
If the limited liability company is not organized under the law	is of the State of Flo	rida it is hereby conf	irmed that after
the change or changes are made, the Florida street address of			
agent will be identical. Or, in the case of a Florida limited lia			
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the			wise provided in
	,		
Signature of a member or authorized representative of a member		Printed or typed name of	signee
I hereby accept the appointment as registered agent and agre	ee to act in this cana	acity. I further agree.	to comply with the
provisions of all statutes relative to the proper and complete i	performance of my a	luties, and I am famili	iar with and accept
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have	ereby confirm that t	า.ร. Or, ญ เกเร aocu he limited liability co	ment is veing jitea mpany has been
notified in writing of this change		•	-

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

Signature of Registered Agent