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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	of Status .
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Special Instructions to	Filing Officer:	
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TALLAHASSEE. FLORIDA

COVER LETTER

_	on Section of Corporations		
SUBJECT:	CREATIVE DEVELOPMEN (Name of Lin	T CO LLC mited Liability Company)	
Dear Sir or Mada	m:		
The enclosed Reg	gistered Agent/Registered Of	fice Change and fee(s) are submitted	for filing.
Please return all c	correspondence concerning th	nis matter to the following:	
ALLAN E FO	(Name of Person)		
CREATIVE DE	EVELOPMENT CO LLC		せの温
	(Firm/Company)		ECR TI
8359 BEACON	ı BLVD		M 22 HAS
	· (Address)	·	TARY OF STARSEE, F
FORT MYERS,	FL 33907 (City/State and Zip Code)		2006 JUN 22 PM 3: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further inform	nation concerning this matter,	, please call:	
ERICA E. TR	ame of Person)	at (<u>239</u>) <u>425–2657</u> (Area Code & Daytime To	elephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed i	is a check for the following	amount:	
🛚 \$25 Fili	ng Fee	\$55 Filing Fee & Certified Copy	

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited of the provisions of following statement in order to change its registered office or registered of following statement in order to change its registered office or registered office or registered of following statement in order to change its registered or to change its 2. The mailing address of the limited liability company is: ___8359 BEACON BLVD 1. The name of the limited liability company is: — 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 4. Document number 3. Date of filing/registration in Florida Florida Department of State: 1201 HAYS STREET Address State and Zip 6. The name and address of the new registered agent and/or office: TALLAHASSEE Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register If the limited liability company is not organized under the laws of the State of Florida, it is here is the limited liability company is not organized under the Florida street address of a Florida. Or, in the case of a Florida of the confirmed that after the change or changes are made, the Florida or, in the case of a Florida or confirmed that after the change of the change of the change of the company or as otherwise provided in the articles of the limited liability company. It is hereby confirmed hability company. It is hereby of the limited liability company. athorized representative of a member) I hereby accept the appointment as registered agent and agree to act in this capace to accept the appointment as registered agent and agree and complete page in the proper and complete age in the proper and complete the proper and change in the provisions of all statutes relative to the position as registered in the provisions of all statutes relative to the provisions of all statutes are the provisions of all statutes are the property with the provisions of all statutes are the property with the accept the obligations of more particular to the property with and accept the obligations of the provision of all statutes are the property accept the appointment is being filed to merely result and accept the obligations of the property with the appointment as registered agent and agree to act in this capacitation and agree to accept the property accept the property accept the appointment as registered agent and agree to accept the property accept the obligations of my position as been notified in accept the obligations of the property with the provisions of the obligations of the property with and accept the obligations of CHARLOTTE F. MAYNARD, MGR (Printed or typed name of signee) Division of Corporations, P.O. Box 6327, Tallahassee, F (Signature of Registered Agent)

INHS18 (8/05)