

NO5000009906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

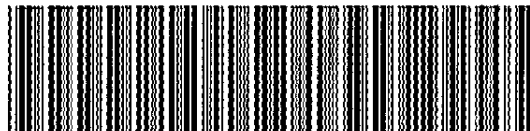
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000063503670

01/12/06 --01005--004 \*\*35.00

FILED  
06 JAN 12 AM 10:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

B.A. Change

T BROWN JAN 19 2006

LAW OFFICES  
**JOHNSTON, THOMAS AND BILLINGTON, LLC**

BANK OF AMERICA BUILDING, SUITE 301  
2335 EAST ATLANTIC BOULEVARD  
POMPANO BEACH, FLORIDA 33062-5244

JOHNSTON LAW OFFICE, P.A.  
THOMAS W. JOHNSTON  
ANDREW JAMES JOHNSTON  
WHITNEY ANNE METEVIA  
TEL. 954-942-6633  
FAX 954-942-3958

THOMAS AND BILLINGTON, P.A.  
BARRY P. BILLINGTON  
JAMES B. THOMAS, RETIRED  
TEL. 954-943-7200  
FAX 954-942-3958

January 3, 2006

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Change of Registered Agent  
Creative Life Journeys, Inc.

Dear Sir or Madam:

Enclosed please find your form for change registered agent for the above corporation.  
Also enclosed is the \$35.00 fee to change this address for the registered agent.

Should you have any questions or concerns, please contact me directly. Thank you.

Very truly yours,

Johnston Law Office, P.A.



Whitney Anne Metevia

Enclosures: change of registered agent form  
check for \$35.00

WAM/jj

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CREATIVE LIFE JOURNEYS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000009906

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Whitney Anne Metevia  
(Name of Contact Person)

2335 E. Atlantic Blvd., Suite 301  
(Firm/Company)

(Address)

Pompano Beach, FL 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

Whitney Anne Metevia at ( 954 ) 942-6633  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Creative Life Journeys, Inc.
2. The principal office address: 517 NE 1 Street, Pompano Beach, FL 33060
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/23/2005 Document number: N05000009906

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Carol Moore

517 NE 3rd Street

Pompano Beach, FL 33060

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carol Moore

517 NE 1st Street

(P.O. Box NOT acceptable)

Pompano Beach, FL 33060

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carol Moore

(Signature of an officer or director)

Carol Moore, President

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Carol Moore

(Signature of Registered Agent)

Jan 1, 2006

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
06 JAN 12 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA