## P00000013034

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT N	IAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700266574717

11/20/14--01005--016 \*\*35.00

RACH 1215/14

" 1 m /

DC

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Creative Marketing Associates, Inc.

Name of Corporation

DOCUMENT NUMBER: P00000013034

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:

William J McKenna, Jr

Name of Contact Person

Creative marketing Associates, Inc.

Firm/Company

P.O Box 66784

Address

St Pete Beach, FL 33736

City/State and Zip Code

WJMckenna@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J. McKenna, Jr.

,727 867 5211

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

-	•	617.0502, 607.1508, or 617.1508, Flow The organized under the laws of the Stat	
		n organized under the laws of the State or registered agent, or both, in the State	
1. The name of the	he corporation: Creative Ma	rketing Associates,Inc.	
2. The principal <b>33701</b>	office address: Hangar 91,	Albert Whitted Airport, St I	Petersburg Florida
3. The mailing a	ddress (if different): P.O Box	66784 St Pete Beach, FL	33736
4. Date of incorp	poration/qualification: 16 Apr	2001 Document number: P0	0000013034
	street address of the current regit tment of State: (If resigned, enter	istered agent and registered office on fir resigned)	ile with the
	Harold D Holland		
	14262 Lark Court Clearwater, FL 33762		
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or register	ed office F
	William J. McKenna, J	r	
	Hangar 91 Albert Whit		——————————————————————————————————————
	St Petersburg, FL 337	Box NOT acceptable	<u> </u>
The street addre	ess of its registered office and the	e street address of the business office	of its registered agent,
_	,	adopted by its board of directors or b been notified in writing of the change	
		William J. McKenna	
I hereby accept I further agree t performance of agent. Or, if thi	to comply with the provisions of my duties, and I am familiar wit is document is being filed merel	Printed or typed name agent and agree to act in this capacity all statutes relative to the proper and the and accept the obligation of my poy to reflect a change in the registered otified in writing of this change.	l complete sition as registered
		Oct 21, 2014	
Sign	nature of Registered Agent	Date	
7	half of an entity:		
	McKenna, Jr		

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