			<u> </u>
DOCUMENT # P00000029656  1. Entity Name			FILED
CREATIVE POCKETS, INC.			01 APR 20 PM 2: 08
Principal Place of Business  2808 Pinnacle Ct.  Windermere, FL 34786  Mailing Address  2808 Pinnacle Ct.  Windermere, FL 34786			SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business  864 Mary s Park Place 864 Mary s Park Suite, Apt. #, etc.  3. Mailing Address 864 Mary s Park Suite, Apt. #, etc.		ark Place	DO NOT WRITE IN THIS SPACE
City & State Winter Garden, FL	City & State Winter Garden, FL Zip Country		4. FEI Number
Zip Country 34787 USA	Zip C 34787	USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required
34787 USA 6. Name and Address of Current Ro		- OSA	7. Name and Address of New Registered Agent
	<del>-</del>	Name	
F & L Corp. The Greenleaf Building		Street Address (	(P.O. Box Number is Not Acceptable)
3rd Floor	,		
200 Laura St.		City	FL Zip Code
<ul> <li>Jacksonville, FL 32201-0240</li> <li>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</li> </ul>			
8. The above named entity submits this statement for t	ne purpose of changing its regis	stered office or register	sed agent, or boin, in the State of Honda.
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Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Regi	stered Agent signature required	d when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2001  Make Check Payable			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11. OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P/D Mason Herzog □ Delete  NAME 864 Mary's Park Place STREET ADDRESS CITY-ST-ZIP Winter Garden, FL 34787		TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Change ☐ Addition
TITLE VP/T/D Wayne F. Hales NAME STREET ADDRESS — 279 Laurenburg CITY-ST-ZIP — Ocoee, FL 3276	r, Ln.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
NAME VP/S/D Jaada H. Hales STREET ADDRESS 279 Laurenburg Ln.		TITLE TINAME STREET ADDRESS CITY-ST-ZIP	Addition Change Addition
Jennifer H. Young  STREET ADDRESS 279 Laurenburg Ln.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME VP/D Stacy H. Pincock STREET ADDRESS 1515 Eastridge Dr. #55		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.			

Daytime Phone #

Mason K. John Signature and Typed or Printed Name of Signing Officer or Director

SIGNATURE: