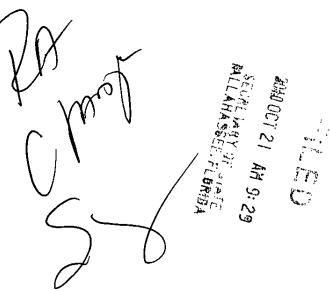
Parxxx40392

(Requestor's Name)	
(Address)	100186750321
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/21/1001008018 **35.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

10,22-10



COVER LETTER

TO: Amendmen Division of	t Section Corporations	
SUBJECT:	D & E Creative, Inc. Name of Co	orporation
DOCUMENT NUI	MBER: P00000040392	
The enclosed Staten	nent of Change of Registered Office	Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matter	to the following:
_	Robert T. Magill, E	squire
	Name of Con	fact Person
	Fishback Dominick	
-	Firm/Con	прапу
-	1947 Lee Road	
	Addro	ess
	Winter Park, Fl 327	89
_	City/State and	
- F	E-mail address: (to be used for fu	ture annual report notification)
For further informati	on concerning this matter, please ca	11:
Robert Magi	11	ot (407) 425-2786
	of Contact Person	at (407) 425-2786 Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Departm	ent 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: D & E Creative, Inc.	
2. The principal office address: 1251 Carolyn Drive	
Clermont, Fl 34711	
3. The mailing address (if different): 716 West Montrose	
Clermont, Fl 34711	
4. Date of incorporation/qualification: 4/17/2000 Document number: P00000040392	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Patrick M. Magill	
1234 E. Concord Street	
Orlando, Fl 32803	
Orlando, F1 32803 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	Park system
Robert T. Magill 1947 Lee Road 200	*
P.O. Box NOT acceptable	
Winter Park, FL 32789	
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.	
David G. Watts Signature of an officer or director David F. Watts, Director 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.	
Inlalia	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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