7/26/22, 1:18 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

60	**Enter	the	email	address	for	this	business	entity	to	be	used	for	future
-	∴an	nual	repor	t mailin	as.	Enter	only one	email	add	res	s ple	ase.	**

Email Address:

## **REGISTERED AGENT CHANGE**

## CREATIVE OUTDOOR ADVERTISING OF AMERICA INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ \ \cdot$

1. The name of	the corporation is: Creative Out	door Advertising of America Inc.	
2. The principal	office address: 8875 Hidden R	iver Parkway Suite 300	
Tampa FL	33637		
3. The mailing	address (if different): 8875 Hid	den River Parkway Suite 300	
Tampa FL			
4. Date of incor	poration/qualification: 11/	22/2000 Document Number:	P00000109020
5. The name an		egistered agent and registered office	on file with the
	Gray, David		
	8875 Hidden River Parkway S	Suite 300	<del></del>
6. The name an (if changed):	Tampa FL 33637 d street address of the new regis	stered agent (if changed) and /or regi	stered office
(B+-)-	Corporate Creations Network	Inc.	
	801 US Highway 1		· · · · · · · · · · · · · · · · · · ·
	(P.O. Box No North Palm Beach FL 33408	ot acceptable)	
		the street address of the business of	office of its registered
		ily adopted by its board of director been notified in writing of the chang	
•	K 26	Nicholas Nichols, Attorne (Printed or Typed na	y-in-Fact
	ture of an officer or director)		
I further agree performance of agent. Or, if the	to comply with the provision my duties, and I am familiar wi iis document is being filed mero	igent and agree to act in this capacions of all statutes relative to the pith and accept the obligation of my pely to reflect a change in the registentified in writing of this change.	roper and complete osition as registered
	U. 16	7/26/2022	
_	ture of Registered Agent)	(Date	<del>:</del> )
If signing on be	half of an entity:		
	Nichols, Special Secretary ed or Printed Name)		
]		BLE TO FLORIDA DEPARTMENT OF STATIONS, P.O. BOX 6327, TALLAHA	
801 US Highw	each FL 33408		