## P02000001904

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Creative Supports, Inc. Name of Corporation		
DOCUMENT NUMBER: PO200001904		
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:		
Cherie O'Geen Name of Contact Person	<del></del> -	
Creative Supports, Inc.	<del></del>	
248 Magnolia Ave.		
Davie, Fl 33325 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	tion)	
For further information concerning this matter, please call:		
Cherie O'Geen at (305) 753- Name of Contact Person Area Code & Daytime	4317	
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 C	prations	

Tallahassee, FL 32301

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

statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  Creative Supports, Tac.
2. The principal office address: 248 magnolia Ave  Davie, FI 33325
-
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 17/2002 Document number: PO200001904
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)
Cherie Obeen = = =
7517 makinley St. 3
Hollywood FI 33024
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Cherie O'Geen
248 Magnolia Avl P.O. Box NOT acceptable
Davie F1 33325
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.
Signature of an officer or director  Cherie O'Geen, 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.
( Ju ( ) 10-1-14
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 \* \* \*