

900227843279

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2012

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Creative Insurance Concepts, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000090676

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:

Peter L. Anderson
Name of Contact Person

Creative Insurance Concepts, Inc.
Firm/Company

720 Almond Street
Address

Clermont, Florida 34711
City/State and Zip Code

panderson@creativeinsconcepts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter L. Anderson at (321) 303-5561
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**

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: Creative Insurance Concepts, Inc.

2. The principal office address: 720 Almond Street, Clermont, Florida 34711

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/20/02 Document number: P02000090676

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)

CORPORATE CREATIONS NETWORK INC.

11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS FL 33410 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bret Jones, P.A.

700 Almond Street

P.O. Box NOT acceptable

Clermont, Florida 34711

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TALLAHASSEE, FLORIDA

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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

Peter L. Anderson
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.


Signature of Registered Agent

April 4, 2012
Date

If signing on behalf of an entity:

Bret Jones

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314