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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	JECT: CREATIVE DATABASE SOLUTIONS INC	·	
	(Name of	corporation)	
DOCE	CUMENT NUMBER: P03000108772	- 	
The en	enclosed Statement of Change of Registered Office/A	Agent and fee are sul	omitted for filing.
Please	se return all correspondence concerning this matter to	the following:	
	Cathleen Woodward		
	(Name o	of person)	
	Creative Database Solutions Inc		
	(Name of fi	rm/company)	
1	11711 Princeton Pike, Suite 341-136		
	(Add	dress)	
	Cincinnati, OH 45246	-	
•	(City/state a	and zip code)	
For fur	urther information concerning this matter, please call	1:	
Cathy	hy Woodward	at (513) 518-9222
	(Name of person)	(Area o) 518-9222 code & daytime telephone number)
Enclose	osed is a \$35.00 check made payable to the Departme	ent of State.	
	Mailing Address:	Stre	et Address: endment Section
	Amendment Section Division of Corporations	Āme Divi	endment Section sion of Corporations
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	409) Tali	sion of Corporations E. Gaines Street shassee, FL 32399

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, itted for a corporation organized under the laws of the State of Florida	this sta		t of order
to change its re	gistered office or registered agent, or both, in the State of Florida.			
1. The name of	the corporation:_Creative Database Solutions Inc			
2. The principal	office address: 11711 Princeton Pike, Suite 341-136, Cincinnati, OH 45246			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/2/2003 Document number: P03000108772	· · · · · ·		
	d street address of the current registered agent and registered office on file with the rtment of State:			
	Cathleen A Woodward			
	1124 Laguna Springs Drive	Ac	10	
	Weston, FL 33326	LAHA	MM	T
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ARY OF	19 PM	r r
	Lea Liberman, CPA, P.A.	FOX VIS	က္ ငှာ	
	2699 Stirling Road, Suite A-305	DE A	õ	
	(P.O. Box or personal mailbox NOT acceptable)			
	Fort Lauderdale, FL 33312	- :		
The street addre	ess of its registered office and the street address of the business office of its registered identical.	ered ago	ent, as	
Such change wathe board, or the	as authorized by resolution duly adopted by its board of directors or by an officer e corporation has been notified in writing of the change.	so auth	orized	l by
Carto	Cathleen A Woodward Signature of an officer or director) Cathleen A Woodward (Printed or typed name and	tula)		
I hereby accept I further agree duties, and I an being filed mer	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, a left to capacity to reflect a change in the registered office address, I hereby confirm that the capacity of this change.		ance of ocume tion ha	f my nt is is
- Jea	(Signapare of Registered Agent) 5/17/04	<u>.</u>		
If signing on be	chalf of an entity:			
Lea	Libernan President			
	(Typed or Printed Name) (Capacity)			

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