

P100000030393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

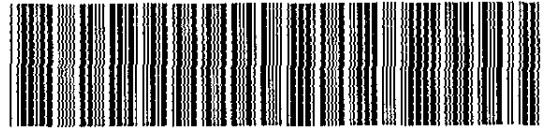
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2011

CREATIVE FINANCIAL GROUP, INC.
P.O. BOX 3267
ORLANDO, FL 32802

SUBJECT: CREATIVE FINANCIAL GROUP, INC.
Ref. Number: P10000030393

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by December 2, 2011, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather
Document Specialist Supervisor

Letter Number: 411A00022831

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Creative Financial Group Inc
Name of Corporation

DOCUMENT NUMBER: PI0000030393

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:

Bibi Yassin
Name of Contact Person

Creative Financial Group Inc.
Firm/Company

P.O. Box 3267
Address

Orlando, FL 32802
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (_____) 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 Financial Group Inc
2. The principal office address: 3745 White Heron Drive
Orlando FL 32808
3. The mailing address (if different): P.O. Box 3267 Orlando
Orlando FL 32802
4. Date of incorporation/qualification: _____ Document number: 9 P10000030393
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)

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

Bibi Yassin
3745 White Heron Drive
P.O. Box NOT acceptable
Orlando FL 32808

DEPT. OF STATE
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]
Signature of an officer or director

Bibi Yassin
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]
Signature of Registered Agent

Bibi Yassin
Date

If signing on behalf of an entity:

Typed or Printed Name

*** ~~UNLAWFUL~~ ***

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