## P110000103477

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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OIVISION OF CORPORATIONS

12/3/14

Serving the Legal Community for Over 100 Years . . . Registered Agents in Every State

JAMES A. CURRAN
E-MAIL DIRECT: jim@cgtco.com
JOSEPH J. COLLOPY
E-MAIL DIRECT: joe@cgtco.com
TERESA MAGEE
E-MAIL DIRECT: terry@cgtco.com

## Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110
3331 STREET ROAD, BENSALEM, PA 19020
TELEPHONES: (800) 563-6131 • (215) 633-8144
FAX (215) 633-8160
E-MAIL: info@cgtco.com

December 11, 2014

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: CREATIVE HEALTHCARE PRODUCTS, INC.

To Whom It May Concern:

Enclosed is Statement of Change of Registered Agent for the above company for filing with your office together with our \$35.00 check to cover filing fee.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours

Teresa Magee

Secretary

TM/t Enclosures

## 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, this unge is submitted for a corporation organized under the laws of the State of Florida	
in orde	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: CREATIVE HEALTHCARE PRODUCTS, INC.	
2. The principal	office address: 610 Summerbrooke Drive, Tallahassee, FL 32312	
3. The mailing a	address (if different): 610 Summerbrooke Drive, Tallahassee, FL 32312	
4. Date of incor	poration/qualification: December 5, 2011 Document number: P11000103477	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Edwin F. Blanton	
	810 Thomasville Road  Tallahassee, FL 32303	
	Tallahassee, FL 32303	=
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	U
	610 Summerbrooke Drive	
	P.O. Box NOT acceptable	
	Tallahassee, FL 32312	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.	
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
	Edwin F. Blanton, Registered Agent	
I hereby accept I further garee	the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete  If my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sig	Page of Registered Agent	
If signing on be	ehalf of an entity:	
Т	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