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| (Cit                                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL.       |
| (Bu                                     | siness Entity Nar  | me)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificate:     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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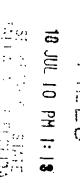




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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Think Creative Agency Inc

Name of Corporation

DOCUMENT NUMBER

P14000022966

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:

Gordon Alford

Name of Contact Person

Think Creative Agency Inc

Firm/Company

2660 NW 105th Lane

Address

Sunrise, FL 33322

City/State and Zip Code

gordon\_alford@thinkcreativeagency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordon Alford

,804 \6

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



June 27, 2018

GORDON ALFORD 2660 NW 105TH LANE SUNRISE, FL 33322

SUBJECT: THINK CREATIVE AGENCY INC

Ref. Number: P14000022966

We have received your document for THINK CREATIVE AGENCY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 218A00013319

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

| Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ   | nized under the laws of the State of Florida  |
|---|---|
| in order to change its registered office or regist  |   |
| 1. The name of the corporation: Think Creative A  | igency Inc  |
| 2. The principal office address: 3550 Galt Ocean  |   |
| Fort Lauderdale, FL 33308   |   |
| 3. The mailing address (if different):  |   |
| 4. Date of incorporation/qualification: 03/12/2014  | Document number: P14000022966   |
| 5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned  | = -   |
| THINK CREATIVE AGEN   | CY INC  |
| 3550 GALT OCEAN DRIV  | E #1808 ===================================   |
| FT LAUDERDALE, FL 33  | 308 E T   |
| 6. The name and street address of the new registered age (if changed):  JOSEPH WALKOW IN  J.I.S. TAX AND ACCOUNTIN  2660 NW 105 LANE  SUNRISE, FL 33322   | k c/o   |
| The street address of its registered office and the street as changed will be identical.  Such change was authorized by resolution duly adopted   |   |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no   | tified in writing of the change.  |
| Signature of an officer or director   | Gordon P. Alford, President / Founder Printed or typed name and title   |
| I hereby accept the appointment as registered agent an<br>I further agree to comply with the provisions of all stat<br>performance of my duties, and I am familiar with and a<br>agent. Or, if this document is being filed merely to refl<br>hereby confirm that the corporation has been notified i | utes relative to the proper and complete<br>accept the obligation of my position as registered<br>lect a change in the registered office address, I |
| tur   | June 19, 2018   |
| Signature of Registered Agent   | Date  |
| If signing on behalf of an entity:  |   |
| POEDH MUKAMIRIC   |   |
| Typed or Printed Name   |   |

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