

P1600087570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

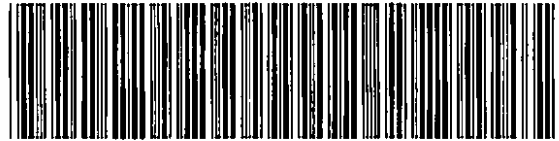
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TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 19 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CREATIVE RESOURCE CONSULTING Corp.  
Name of Corporation

DOCUMENT NUMBER: P16000087 STO

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:

Minella Ortiz  
Name of Contact Person

CREATIVE RESOURCE  
Firm/Company

8035 NW 127th Ln.  
Address

Parkland FL 33076  
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Ortiz at 954 6145315  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2018

MIRELLA ORTIZ  
8035 NW 127 LANE  
PARKLAND, FL 33076

SUBJECT: CREATIVE RESOURCE CONSULTING CORP  
Ref. Number: P16000087570

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 918A00010548

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TALLAHASSEE, FL

**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: CRATIVE Resource Consulting Corp  
2. The principal office address: 8035 NW 127 Ln.  
Parkland FL 33076  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 10/28/2016 Document number: P16000087570

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)

8035 NW 127 Ln.  
Parkland FL 33076  
Mirella Ortiz

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

christopher Ortiz  
8035 NW 127 Ln.  
Parkland FL 33076

P.O. Box NOT acceptable

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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

mirella ortiz (owner)  
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

5/11/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)