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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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REGISTERED AGENT CHANGE CALATLANTIC TITLE, INC.

Certificate of Status	0
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I ALBRITTON

7/30/20, 10:10 AT

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

Pursuant to the provisions of se statement of change is submitted	ctions 607.0502, 617.0502	, 607.1508, or 61	7.1508, Florida Statutes, as of the State of Maryland	this 1
statement of change is submitted iv order to change its t	a for a corporation organiz registered office or register	ed agent, or both	, in the State of Florida.	
1. The name of the corporation:	TOO NEW POTTE AVE. CITE	400 MIAMI ET	33172	·
2. The principal office address:	700 NW 1071H AVE, STE	400, 1417-2411, 1 1	.33174	
3. The mailing address (if differ	ent):			
4. Date of incorporation/qualific	cation: 05/07/1992	Document n	umber: P38702	
5. The name and street address Florida Department of State:	of the current registered ag (If resigned, enter resigned	ent and registered	d office on file with the	
C T CORPOR	ATION SYSTEM			
1200 SOUTH	PINE ISLAND ROAD			7020
PLANTATIO	N, FL 33324			
6. The name and street address (if changed):	of the new registered agen	t (if changed) and	or registered office	
Corporate Crea	ations Network Inc.			
801 US Highw	ay I			
· -	P.O. Box	NOT acceptable		
North Palm Be	ach, Florida 33408		<u> </u>	
The street address of its registe as changed will be identical.	ered office and the street a	iddress of the bu	siness office of its registe	red agent,
Such change was authorized be authorized by the board, or the	y resolution duly adopted corporation has been not	by its board of d ified in writing o	irectors or by an officer a if the change.	i0
			an, Attorney-in-Fact	
Signature of an officer or di			od or typed name and title	
I nereby accept the appointme I further agree to comply with of my duties, and I am familian document is being filed merely corporation has been natified	the provisions of all statu r with and accept the oblis o to reflect a change in the	tor reintive in in	e nroner ana complete de	rformance Or, if this m that the
		07/30/2020		
Signathre of Registered	Agent		Date	
If signing on behalf of an entit	ty:			
Danielle Gossman, Special Secre	etary			
Typed or Printed Nan	ne			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)