## P9500008898

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CLIETT CREATIVE GROUP, INC	
(Name of Corporation)	
DOCUMENT NUMBER: P95000008898	
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:	
Robert G. CLiett	
(Name of Contact Person)	
Cliett Creative Group, Inc.	
(Firm/Company)	
1672 Metropolitan Circle (Address)	
(Address)	
Tallahassee FL 32308	
(City/State and Zip Code)	
• • •	
For further information concerning this matter, please call:	
Robert G. Cliett at (850) 385 1110 (Name of Contact Person) (Area Code & Daytime Telephone	
(Name of Contact Person) (Area Code & Daytime Telephone	Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Mailing Address: Amendment Section  Street Address: Amendment Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	_
Tallahassee, FL 32314 2661 Executive Center Circle	<i>5</i>

Tallahassee, FL 32301

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

=	-	-	~	he laws of the State or both, in the State	<u>-                                    </u>	
1. The name of th	e corporation:	Cliett Cr	Cliett Creative Group, Inc.			
2. The principal c	office address:	1672 Metr	1672 Metropolitan Circle			
Tallah			ee FL 323	08		
3. The mailing ad	ldress (if differen	t):		<del></del>	·	
4. Date of incorpo	oration/qualificati	ion: March 1,	, 1995 Docum	nent number: P9	5000008898	
5. The name and Florida Depart		the current register	ed agent and reg	istered office on fil	e with the	
		Robert G.	Cliett	•		
. •		2882-A Re	emington G	reen Circle		
		Tallahass	ee FL 3	2308	LEGAL A.	
6. The name and (if changed):	street address of	the new registered	agent (if change	d) and /or registered	d office	
,		Robert G.	CLiett			
		1672 Metr	opolitan (	Circle	OP 0	
		Tallahass	ee FL 3230	08		
The street addres as changed will b	ss of its registere be identical.	d office and the st	treet address of t	he business office	of its registered agent,	
				rd of directors or b iting of the change		
(Signatur	e of an officer or direc	tor	Robert	G. Cliett (Printed or typed nam		
I hereby accept t I further agree to of my duties, and document is bein	the appointment o comply with the d I am familiar w og filed merely to	•	nt and agree to a statutes relative e obligation of m in the registered ange.		l complete performance stered agent. Or, if this hereby confirm that the	
· K	d'1	tt		6-06-06		
	nature of Registered A	gent)		(Date)	<del></del>	
If signing on beh	nalf of an entity:					
	rt G. Clie yped or Printed Name)	tt				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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