

P9600034522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

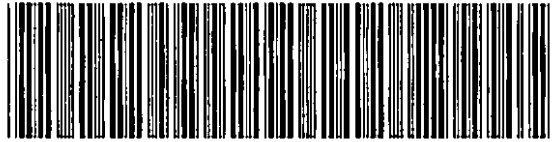
(Business Entity Name)

(Document Number)

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2018 APR 30 PM 3:38

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C. GOLDEN

APR -2 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 61Creative imagineering inc.  
Name of Corporation

**DOCUMENT NUMBER:** P96000036522

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:

John Holland  
Name of Contact Person

Creative imagineering inc.  
Firm/Company

4153 SW 47th Ave Suite 146  
Address

Fort Lauderdale FL 33314  
City/State and Zip Code

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

For further information concerning this matter, please call:

John Holland at ( 954 ) 557-6150  
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

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: Creative imagineering inc.

2. The principal office address: 909 E Plainfield Ave Pen Argyl PA 18072

3. The mailing address (if different):

4. Date of incorporation/qualification: 04/26/1996 Document number: P96000036522

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)

John Holland

716 SE 3rd Court

Dania Beach FL 33004

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

Tom Sewell


5220 Davie Road

P.O. Box NOT acceptable

Davie FL 33314

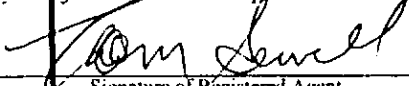
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 Pres.  
Signature of an officer or director

John Holland Pres.  
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 of Registered Agent

3/26/2018  
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