P9700009910

McFarlain Law-Tirmon 009910

Requester's Name

215 S. MONOC St.

Address

City/State/Zip Phone # 2107

Office Use Only
S), (if known):
~,, (., x.,,
-08/01/0001062020
*****35.80 *****35.80
t#)
To the same
(#) <u>25</u> 5 8 7
ESE E M
1(#)
1000年 1100日
#) #=== =
Certified Copy
Certificate of Status
<u>rs</u>
<u></u>
nt
n of R.A., Officer/Director
Registered Agent
-
1/Withdrawal
ON/QUALIFICATION
G. COUNT LINE O. L. COOR
GOULLETTE AUG 0 1 2000
artnership
nent
· ···········
•
Examiner's Initials

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, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is:	Creea Merchandising, Inc.
2. The mailing address of the corporation is:	1261 Lincoln Avenue, Suite 216 San Jose, California 95125
3. Date of incorporation/qualification: 11/24/1	997 Document number: P9700009991
15 Sout	red agent and office: Seff Hanson th Orange Avenue lo, Florida 32801
McFarlain, Wil 215 South M	agent and office: (P. O. Box Not Acceptable) McNeely, Esquire ley, Cassedy & Jones, P.A. Tonroe Street, Suite 600 Ssee, Florida 32301
The street address of its registered office and agent, as changed, will be identical.	the street address of the business office of its registered
Such thange was authorized by resolution du authorified by the board. (Signature of an officer, chairman or vice chairman of the board of typed name and title)	ally adopted by its board of directors or by an officer so $\frac{7/17/\delta b}{\text{(Date)}}$
I hereby accept the appointment as registered to	accept service of process for the above stated corporation, agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, on of my position as registered agent. (Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILIN CR2E045(7/97)	IG FEE: \$35.00 * * *

P.O. BOX 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS