P980000000551

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COLORCATCH CREATIONS, INC. (Name of Corporation)
DOCUMENT NUMBER: P9800060551
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:
(Name of Contact Person)
(Firm/Company)
2000 GERDA TERRACE (Address)
ORLANDO, FO 32804 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (407) 244-2880 (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

1. The name of the	corporation:	COLORO	ATCH (PEATIO	us Inc
2. The principal of	fice address:	3000 GE	ERDA TE	RRACE	ORLAND
<u> </u>	32804				
3. The mailing add	lress (if different):	<u> 2000 </u>	GERDA	TERRA	<u> 18. Orla</u>
<u> </u>	32804	7 1			
4. Date of incorpo	ration/qualification:	7/7/9	Document r	umber:	98,00006
5. The name and s Florida Departn	treet address of the c	urrent registered a	gent and registere	d office on file v	vith the
r torida izoparin	iem or state.	100.20	0-1		06
_		LEANNE	raquin C	,	- a
_		3761 11	1ANTEO	IRCLE	<u> </u>
		ORLANDO	J. FL 32	304	ان حص
6. The name and s (if changed):	treet address of the n	LEANNE		/or registered o	ffice
-	(P	O. Box NOT acceptable)	SERDA TE	PRACE	. <u> </u>
		ORLAND	0, FL 32.	804	
The street address as changed will be	of its registered off	fice and the street	address of the bu	siness office of	its registered agent,
Such change was authorized by the	authorized by resolution authorized board, or the corpor	ution duly adopted ration has been no	d by its board of outified in writing of	lirectors or by a of the change.	n officer so
	earne Pago of an officer of director)	xor_	- LE	ANNE PAC	QUIA, PRESID
(Signature	e appointment as re comply with the pr	gistered agent an visions of all state and accept the obl	d agree to act in utes relative to th igation of my pos	this capacity, e proper and co ition as register e address, I her	mplete performance ed agent. Or, if this eby confirm that the
I hereby accept the I further agree to of my duties, and document is being corporation has be	l am familiar with a filed merely to refl een notified in writi	ect a change in th ng of this change.	e registerea ojjic		

* * * 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 (8/05)