

LOS 000009760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

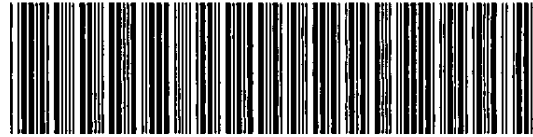
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 22 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2012

DONALD KLEINHANS
347 OAK RIDGE PARKWAY
ARNOLD, MO 63010

SUBJECT: 2302 N. TRUMAN ENTERTAINMENT MGMT., LLC
Ref. Number: L05000009760

We have received your document for 2302 N. TRUMAN ENTERTAINMENT MGMT., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 112A00020085

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2302 N. Truman Entertainment Mgmt LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald A. Kleinhaus
Name of Person

2302 N. Truman Entertainment Mgmt, LLC
Firm/Company

515 Lincoln Highway
Address

Fairview Heights, FL 32208
City/State and Zip Code

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

For further information concerning this matter, please call:

Connie Kleinhaus at (314) 496-6706
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (5/08)

Please issue \$10 refund
from \$35 payment made
to the above name & address

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 2302 N. Truman Entertainment Mgmt LLC
2. (a) Principal office address of limited liability company: SIS Lincoln Highway
Fairview Heights, IL
60120
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 347 Oakridge Pkwy
Arnold, Mo
63010
- (Note: **MAY BE POST OFFICE BOX**)
- 01/24/2005
3. Date of filing/registration in Florida
4. Document number LO5000009760

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: CT Corporation System
- Registered Office Address: 1200 South Pine Island Rd
Plantation, FL
33324
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Judith Centeno
- NEW Registered Office Address:** 608 Orange South Dr.
Valrico
FL 33594
- (Note: **MUST BE FLORIDA STREET ADDRESS**)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Donald K. Wicklans
Signature of a member or authorized representative of a member

DONALD K WICKLANS
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Judith Centeno
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00