1-05000014847

(Requestor's Name)							
DAVID & BONNIE GITTLIN 20191 E Country Club Dr #2509, Aventura, FL 33180 (City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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- -							

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TALLAHASSEE, FLORIE



** 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. The name of the limit	ed liability company is	: Entelleg	int Entertainment	LLC			
2. The mailing address o	f the limited liability c	ompany is :	20191 East Cou	ntry Clu	ub Drive	∍ #25	<u>09, </u> .
Aventura, Florida 331							
February 11, 2005			L05000014847				
3. Date of filing/registration in Florida			4. Document nur	mber	•		
5. The name of the regist Florida Department of		stered office	e address as shown	on the re	ecords o	f the	
riorida Department of	Business Filings In	ncorporate	d				
	660 Jefferson Stre	Name et			-		
		Address			•	·	
Tailahassee, Florida 32301							
	City	, State and 2	Zip				
6. The name and address	of the new registered a	agent and/or	office:		ين <u>تن</u>	9	
	David Gittlin				ECE:	05 JUL	i i
	20191 East Count	Name ry Club Dri	ve #2509	· = · ·	HASS	<u> </u>	Carried Marie Control
	Florida street addre	ss (P.O. Box	NOT acceptable)	-		골	
	Aventura	_{FL} 331	80	,	10.13 11.03	ယ္	Tan and
	City,	State and Zi	p	• • • •	₩ ADA	28	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	hange or changes are r f the registered agent w creby confirmed that th	nade, the Fl vill be identi e change(s)	orida street address cal. Or, in the case was/were authorize	of the re of a Flo d by an	egistered orida lim affirmat	d offic nited tive vo	ote of
(Signature of a member or autho	rized representative of a mem	ber)		-			
OAVID GIT	TUN			ਵਾਡ			
I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	inment as registered in sof all statutes relatived accept the obligation this document is being that the limited liabil	agent and a ve to the pro ns of my pos Ned to me ity company	gree to act in this co per and complete p sition as registered rely reflect a chang has been notified i	apacity. Performa agent as e in the i n writing	I furthe ince of n i provid- register g of this	r agre ny dui ed for ed offi chan	ee to lies, lin lice ge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00