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3ECRETARY OF STATE

J. BRYAN

SEP 1 9 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	AINMENT GROUP, LLC ed 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 i	matter to the following:
DIANNA S. LINER	
Name of Person	
LINER ENTERTAINMENT GROUP, LI	LC
12603 WOODFOREST BLVD #407 Address  HOUSTON TEXAS, 77015 City/State and Zip Code	ALLAHASSEE; FLORIDA
DIANNA@LINERENTERTAINMENTGROU  E-mail address: (to be used for future annual report notifical	P.COM
For further information concerning this matter, ple	ease call:
DIANNA S. LINER at (	713 ) 857-8131
Name of Person	Area Code & Daytime Telephone Number
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 am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## FILING CANCELLED RETURNED CHECK

## 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:LIN	ER ENTERTAINMENT GROUP,LLC	
2. (a) Principal office address of limited liability con	npany: 12603 WOODFOREST BLVD#407	
(Note: MUST BE STREET ADDRESS)	HOUSTON TEXAS, 77015	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	PO BOX 96400 HOUSTON TEXAS, 77213	
10/2010	11000010502000	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State	
Registered Agent:	LINDA SCHIEGNER	
Registered Office Address:	579 HWY AIA UNIT 401 SATELLITE BEACH FLORIDA, 32937	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	MARY BOURGEOIS	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3000 NE 188TH STREET # 301	
	AVENTURA ,FL 33180	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany.	
Printed or typed name of signee		
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in o merely reflect a change in the registered office opany has been notified in writing of this change.	

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