L12000004197

| (Requestor's Name) | | | | | |
|---|-------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City | //State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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JANTE MIL D. BRUCE

COVER LETTER,

| TO: | Registration Section Division of Corporations | | | | |
|--------|--|--------------------------|-------------------------------|------------------------------|-------|
| SUBJ | Jean Carper Productions, IECT: | LLC | | | |
| | Name of | Limited Liabili | ty Company | | |
| Dear | Sir or Madam: | | | | |
| The e | nclosed Registered Agent/Registered | Office Change | and fee(s) are submi | itted for filing. | |
| Please | e return all correspondence concernin | g this matter to | the following: | | |
| Jean | Carper | | | | |
| | Name of Person | | | | |
| Jean | Carper Productions | | | | |
| | Firm/Company | | _ | | |
| 1500 | Von Phister Street | | _ | 2013 | comp |
| | Address | | _ | | 4200 |
| Key ' | West, FL 33040 | | | Assy Assy 61 | |
| | City/State and Zip Code | | | PH - | 9 |
| jecar | per@aol.com | | | 1 1: 25 S IAFE L'ORIDA | ***** |
| E | -mail address: (to be used for future annual repor | t notification) | _ | . | |
| For fu | orther information concerning this ma | tter, please call: | | | |
| Jean | Carper | 305 | 292-6941 | | |
| | Name of Person | at (|) Area Code & Daytime Tele | ephone Number | |
| | STREET/COURIER ADDRESS: | MA | ILING ADDRESS: | | |
| | Registration Section | Registration Section | | | |
| | Division of Corporations | Division of Corporations | | | |
| | Clifton Building | P.O. Box 6327 | | | |
| | 2661 Executive Center Circle | Tall | ahassee, Florida 3231 | 4 | |
| | Tallahassee, Florida 32301 | | | | |
| | Enclosed is a check for the follow | ing amount: | | | |
| | ■ \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certi | ified Copy | |

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.

| Productions, LLC | | |
|---|--|--|
| 1500 Von Phister Street Key West, FL 33040 | | |
| 1500 Von Phister Key West, FL 33040 | | |
| L12000064197 | | |
| 4. Document number | | |
| the records of the Florida Dept. of State: | | |
| Corporate Creations Network, Inc. | | |
| 11380 Prosperity Farms Road #221E Palm Beach Gardens | | |
| W Registered Office address: 5 | | |
| 1500 Von Phister Streets | | |
| Key West ,FL 33040 | | |
| e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or | | |
| | | |
| agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in herely reflect a change in the registered office my has been notified in writing of this change. | | |
| | | |

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