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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108 : (914)949-9188 Phone : (914)949-9618 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE DECKED OUT PRODUCTIONS LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: DECKED OU	JT PRODU	CTIONS LLC		
2. (a)	12651 Yardley Drive	(b) 1	(b) 12651 Yardley Drive		
2 . (u)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of li	imited liability company: POST OFFICE BOX)	
	Boca Raton, FL 33428	<u>Bo</u>	oca Raton, FL 3342	28	
3.	Date of filing/registration in Florida	4.	Document numb	ber	
5 (0)	United Corporate Services, Inc.				
رa) .د	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t. of State:		
	3458 Lakeshore Drive				
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)			
				,	
	Tallahassee , Fi	L 32312		2029 JUN 26 SECRETARY	
(b)				FTARY L	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address	į.	19 g 17	
	12651 Yardley Drive			PH 3: 00	
	NEW Registered Office Address:			7 O	
		<u></u>			
	Boca Raton FI	<u> 33428</u>			
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registered of ability compa of the limited	fice and the business of my, it is hereby confirm liability company or as	fice of the registered ed that the change(s)	
	Elizabeth Graber	Elizabe	eth Graber, AMBR		
Signa	ature of a member or authorized representative of a member		Printed or typed na	ame of signee	
provis the ob to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance of for in Chap hereby confir	uis capacity. I further a of my duties, and I am j ter 605, F.S. Or, if this m that the limited liabil.	gree to comply with the familiar with and accept document is being filed ity company has been	
	lizabeth Graber				
Signati	are of Registered Agent				