P05000116925

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





600220560346

02/08/12--01014--013 **35.00



RA Change

FB 13 MM T. LEWIS

COVER LETTER

то:	Amendment Se Division of Cor	ction porations		
SUBJ	ECT:	Like a Runaway Name of C	y Train, Inc. Corporation	
DOC	UMENT NUMBI	ER:		
			e/Agent and fee are submitted fo	r filing.
		ondence concerning this matte		•
		Erika Name of Co	Easter ntact Person	
		eResident. Firm/Co	Agent, Inc.	_
		r irm/Co	этрану	
			Blvd., Suite 1201	
		Add	ress	
		Los Angeles City/State ar	s, CA 90025 nd Zip Code	
	E-m	eteam@emi ail address: (to be used for f	nutes.com uture annual report notificatio	n)
For fu	rther information	concerning this matter, please of	call:	
	Er	ika Easter	ar (310) 820-1	000 ex 7000
	Name of	Contact Person	at (310) 820-1 Area Code & Daytime Te	lephone Number
Enclos		eck made payable to the Depart	tment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid e is submitted for a corporation organized under the laws of the State of o change its registered office or registered agent, or both, in the State of	Florida		
1. The name of the	corporation: Like a Runaway Train, Inc.			
2. The principal offi	ice address: 901 A Street Suite C, San Rafael, CA 94901			
3. The mailing address	ess (if different):			
4. Date of incorpora	ation/qualification: 08/22/2005 Document number:	P05000116925		
5. The name and str Florida Departme	reet address of the current registered agent and registered office on file ent of State: (If resigned, enter resigned)	with the		
No	orthwest Registered Agent LLC			
31	111 W. Dr. MLK Blvd. Ste.100-B180	50 50		
TE	ampa FL 33607			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
<u>e</u> f	ResidentAgent, Inc.			
23	36 E 6th Ave.	_		
<u>Ta</u>	P.O. Box NOT acceptable allahassee, FL 32303	Disau-		
The street address of as changed will be	of its registered office and the street address of the business office of identical.	its registered agent,		
Such change was a authorized by the b	authorized by resolution duly adopted by its board of directors or by coard, or the corporation has been notified in writing of the change.	an officer so		
STORAGE OF	an officer of direct and I Printed or typed name and	II. President		
I hereby accept the I further agree to co of my duties, and I document is being to corporation has be	appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and cam familiar with and accept the obligation of my position as registe field merely to reflect a change in the registered office address, I hele on polified in writing of this change.	omplete performance red agent. Or, if this eby confirm that the		
	16/12			
	of he antibu			
If signing on beliand Kati's Two	rmens Via President of Open or Printed Name	ations		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)