(Requestor's Name)						
(Address)						
(Address)						
ty/State/Zip/Phone	e #)					
☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
_ Certificates	s of Status					
Special Instructions to Filing Officer:						
	idress)  ty/State/Zip/Phone WAIT  usiness Entity Narr  coument Number)  Certificates					





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## **COVER LETTER**

TO;	Registration Section Division of Corporations			
SUBJ	DRH Productions LLC			
		ne of Limited	Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Of	fice Change an	nd fee(s) are submitted for fili	ng.
Please	return all correspondence concerning th	nis matter to th	e following:	
David	d Heischrek			
	Name of Person			
DRH	Productions LLC			
	Firm/Company			
1253	Washington Avenue, Suite 220			
	Address		· · · · · · · · · · · · · · · · · · ·	5 N SECRI
Miam	ii Beach, Florida, 33139			OV -2 ETARY CHASSE
	City/State and Zip Code			print, and
david	@dhpa.com			PH 4: 51 F STATE F LORID
E	-mail address: (to be used for future and	nual report not	ification)	15.4 10.4
For fu	ther information concerning this matter	, please call:		
David	ł Heischrek	305	9144113	
	Name of Person		Area Code & Daytime Te	lephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Co	рру

INHS18 (2/14)

## 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.	Na	me of the limited liability company: DRH Product	ions Ll	LC	; 		
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	b)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1253 Washington Avenue, Suite 220				shington Avenue, Suite 220	
		Miami Beach, FL, 33139			Miami Beach, FL, 33139		
		04/07/2015	_	L	_1500006	1018	
3.		Date of filing/registration in Florida	4.		I	Document number	
5.	(a)	David Heischrek					
	()	Registered Agent and Registered Office shown on the records of	the Florid	ia C	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRES.	<u>.S)</u>			
		7724 Harding Avenue, Apt 15					
		Miami Beach , FL	33141	1			
	(b)	1253 Washington Avenue, Suite 220				SECRE	
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		ress:	NO -		
		1253 Washington Avenue, Suite 220				ARY OF S	
		NEW Registered Office Address:				LORIDA	
		Miami Beach , FL	33139	<b>)</b>			
the age was the	cha ent w s/we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liar e authorized by an affirmative vote of the members of organization or the operating agreement of the under of a member or authorized representative of a member	the reginability confirmation of the limited	iste on nit lia	ered office a npany, it is ted liability ability comp d Heischr	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
I h pro the to n not	erel visie obli nere ifiea	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	ee to ac perform d for in tereby c	rt ii nar Ch con	n this capac	city. I further agree to comply with the	