## 480470

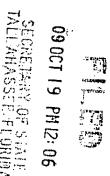
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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10/19/09--01019--005 \*\*35.00



CA. Charge C.COULLIETTE

OCT 21 2009

EXAMINER

## **COVER LETTER**

TO: Amendmen Division of	t Section Corporations			
SUBJECT:	LYNYRD SKYNYRD PF	RODUCTIONS, INC orporation		
DOCUMENT NUI	MBER:	480470		
The enclosed Stater	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
_		STEEN		
_	Name of Co	ntact Person		
LEGAL FILINGS INC Firm/Company				
	7 111100	, and a second		
16830 VENTURA BLVD, SUITE #360				
Address				
ENCINO, CA 91436				
City/State and Zip Code				
NIKKI@LEGALFILINGS.COM				
E-mail address: (to be used for future annual report notification)				
For further information	tion concerning this matter, please o	eall:		
	NIKKI STEEN	at ( 818 ) 380-1940		
Nam	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00	check made payable to the Depart	ement of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		
		Tallahassee, FL 32301		

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State statement of change is submitted for a corporation organized under the laws of the State of FLC in order to change its registered office or registered agent, or both, in the State of Florida.	DRIDA
1. The name of the corporation: LYNYRD SKYNYRD PRODUCTIONS, INC.	
2. The principal office address: 16830 VENTURA BLVD, #501 ENCINO, CA 91436	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/11/1975 Document number: 4.	480470
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	ie
DON LESTER	
LESTER & MITCHELL	Fro -
1035 LASALLE STREET, JACKSONVILLE, FL 32207	OB OCT
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	Z2x Cx1;
REGISTERED AGENTS LEGAL SERVICES, LLC	<u> </u>
155 OFFICE PLAZA DRIVE, SUITE A P.O. Box NOT acceptable	
TALLAHASSEE, FL 32301	II.
The street address of its egistered office and the street address of the business office of its re as changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	īcer so
GARY HABER / SECRE Printed or typed name and title	TARY
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and comple of my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	te performance zent. Or, if this onfirm that the
Donné Forman 10.13.09 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Denise Fower Typed or Printed Name	

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