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ivision of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Prom:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone

: (561)694~8107

Fax Number

: (561)694-1639

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



## REGISTERED AGENT CHANGE CARMIKE CINEMAS, INC.

Certificate of Status	0
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Corporate Filing Menu

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11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410

(561) 694-8107

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

1. The name of the corporation is: Carmike Cinemas, Inc.
2. The principal office address: 1301 1ST AVENUE
Columbus GA 31901
3. The mailing address (if different): PO Box 391
Columbus GA 31902
4. Date of incorporation/qualification: 5/27/1982 Document Number: 852997
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Florida Department of State:  CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD  Pleastein FL 22224
1200 S. PINE ISLAND ROAD
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  Corporate Creations Network Inc.
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
(P.O. Box Not acceptable) Palm Beach Gardens FL 33410
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
by Savannah Montalban as Attorney-in-Fact (Signature of an officer or director) (Printed or Typed name and hitle)
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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Savannah Montalban, Special Secretary (Typed or Printed Name)
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
Corporate Creations International Inc.