F010000005199

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
·		



000081062130

10/23/06--01013--012 **35.00

SECRETARY OF STATIONS
ON OCT 23 AM IO: 05

RARD (UNS)

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Right Productions fre. (Name of Corporation)
DOCUMENT NUMBER: Fd / 00 00 0 5 / 99
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joon - Weng (lake) Phon (Name of Contact Person)
Lienkrat Productions Inc.
Post office Box 239/2
Hauch # 3330/ (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) 465 - 0499 (Area Code & Dayrime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State. 954.537.968
X-74U
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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 Sentings, this
statement of change is submitted for a corporation organized under the laws of the State of
in order to change registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation kin heart / Traductions fre.
2. The principal office address: 4331 h. Franch Hwy # 403 A
Fland # 33308
3. The mailing address (if different): Po Bot 23912
- H Land # 33307
4. Date of incorporation/qualification: 10/04/01 Document number: Fologoo 5/9
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lyndes, Lee
4331 N. Far naf Awy # 403 A 200
H dand, # 33308
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(It changed).
John Weng J. Hoor
PO BOX NOT accordable)
Wither Manoro # 33334
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.
the Junder Pors
(Signature of an officer or director)
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.
1 9/22/21
(Signature of Registered Agent)
It signing on behalf of an entity Chris Burggraf
MY COMMISSION # DD177326 EXPIRES January 23, 2007 BONDED THEILI DOY FAIN INSURANCE INC
(Typed or Printed Name)"
// * * * FILING FEE: \$35.00 * * * MAKE CHECKS DAVABLE TO ELONIO A DEPARTMENT OF STATE
/ Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)