## F090000134/

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

то:	Amendment Section Division of Corporations									
SUBJ	ЕСТ:	Still Unbroke Name of Co								
DOC	JMENT NUMBER:	F090	00001341							
The er	nclosed Statement of Chang	e of Registered Office/	Agent and fee are sub	mitted for filing.						
Please return all correspondence concerning this matter to the following:										
		Katie The	ıman							
	Katie Thurman Name of Contact Person									
		eResidentA								
		Firm/Cor	npany	<u> </u>						
	•	12121 Wilshire B								
		Addre	ess							
	Los Angeles, CA 90025 City/State and Zip Code									
City/State and Zip Code										
eteam@eminutes.com										
E-mail address: (to be used for future annual report notification)										
For further information concerning this matter, please call:										
		•	•							
	Katie Thurr		_at (310)	820-1000 Lytime Telephone Number						
	Name of Contact	reison	Area Code & Da	lytime Tetephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.										
	Mailing Amendr	Address: nent Section	Street Addre	MS: Section						
		of Corporations		Corporations						
	P.O. Bo	x 6327	Clifton Buil	ding						
	Tallahas	ssec, FL 32314	2661 Execu Tallahassee	tive Center Circle , FL 32301						

## Á S S S S

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

statement of cha	ange is submitted for a co	orporation organize	507, 1508, or 617, 1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Delaware	<del></del>	
	the corporation: Still U		uite 501, Encino, CA	91436		
3. The mailing	address (if different):				<u> </u>	_
4. Date of incor	poration/qualification:	04/01/2009	Document number:	F090000013	341	
	d street address of the cur atment of State: (If resign		nt and registered office on f	file with the		
	Registered Agents	Legal Services	, LLC			
	155 Office Plaza D	Orive, Suite A		_		
	Tallahassee, FL 3	2301			TAKE SE	
6. The name an (if changed):		•	if changed) and /or register	red office	RETARY A	SEP 23 1
	eResidentAgent, I	nc.		<del>.</del>	OF S	PH 2:
	236 E 6th Ave	P.O. Box NOT ac	ceptable			ယ္
	Tallahassee, FL 3	2303			<b>*</b>	
The street addr	ress of its registered offi I be identical.	ce and the street ad	dress of the business offic	ce of its registered a	gent,	
<del>-</del>			y its board of directors or led in writing of the chan			
	1		GARY HABIN	_		
I haraby accor	the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle is been notified in writin	gistered agent and c visions of all statute ad accept the obliga ct a change in the r ag of this change.	agree to act in this capaci is relative to the proper a ition of my position as reg egistered office address,	'h.	nance if this at the	
Si	gnature of Registered Agent	<del></del> ·	Date		<del></del>	
If signing on b	ehalf of an entity:					٠
	Typed or Printed Name	<del></del>				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (8/05)