(Requ	iestor's Name)	····
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PICK-UP	MAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to Fi	ling Officer:	
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000

OFFICE USE ONLY

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ENTITY NAME:

CINEMA EQUIPMENT & SUPPLIES, INC.

CK# 6940 FOR \$70.00 (\$35.00 for this filing)

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE FOLLOWING:

CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Cinema Equipment & Supplies, Inc.		
	office address: 12457 SW 130th Street, Miami, FL 33186		
3. The mailing	address (if different): (same)		
4. Date of incor	poration/qualification: 04/12/1983 Document number: G32919		<del></del> -
	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)		
	IAG Corporate Services, Inc.		
	601 Brickell Key Drive, Suite 507		
	Miami, FL 33131		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	15 J	SEC!
	Atrium Registered Agents, Inc.		- A.M.
	1500 San Remo Ave., Suite 125	9	SE
	P.O. Box NOT acceptable	AH 10:	9
	Coral Gables, FL 33146	Ö	101 103 103
The street address changed will	ess of its registered office and the street address of the business office of its registe be identical.	ered agent;	ATE
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer are board, or the corporation has been notified in writing of the change.	so	
Sirum	Guillermo Younger, President		
I hereby sycept I further agree perfirmance of agent Or Aj th hereby conjum	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my dutifs, and I am familiar with and accept the obligation of my position as reg is document is being filed merely to reflect a change in the registered office addre that the carporation has been notified in writing of this change.	istered vss. I	
T Su	milling of Registered Agent June 4 June 45		
lf signing on be	half of an entity;		•
Raiph A. Na			
	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)