## K16203

(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
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R.A. Change C.COULLIETTE

OCT 21 2009

EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: FREE BYRD PRODUCTIONS, INC.  Name of Corporation			
DOCUMENT NUMBER: K16203			
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:			
NIKKI STEEN			
Name of Contact Person			
LEGAL FILINGS INC			
Firm/Company			
16830 VENTURA BLVD, SUITE #360			
Address			
ENCINO, CA 91436 City/State and Zip Code			
City/State and Zip Code			
NIKKI@LEGALFILINGS.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
NIKKI STEEN at ( 818 ) 380-1940			
NIKKI STEEN at ( 818 ) 380-1940  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment SectionStreet Address: Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			
Tallahassee FL 32301			

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statingeriangles for a corporation organized under the laws of the State of FL receiver to change its registered office or registered agent, or both, in the State of Flor	ORÍDA
1. The name of the	he corporation: FREE BYRD PRODUCTIONS, INC.	
	office address: 16830 VENTURA BLVD, #501	
ENCINO, (		
3. The mailing ac	ddress (if different):	<del></del>
4. Date of incorp	poration/qualification: 02/25/1988 Document number:	K16203
	street address of the current registered agent and registered office on file with t tment of State: (If resigned, enter resigned)	:he
	DON LESTER	
	LESTER & MITCHELL	<b>₹</b> .
	1035 LASALLE STREET, JACKSONVILLE, FL 32207	09 0 SEGN ALLIYA
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	CI 19
	REGISTERED AGENTS LEGAL SERVICES, LLC	P P
	155 OFFICE PLAZA DRIVE, SUITE A	
	P.O. Box NOT acceptable	कृति ज
	TALLAHASSEE, FL 32301	
The street address changed will	ss of its registered office and the street address of the business office of its rebe identical	egistered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an of e board or the corporation has been notified in writing of the change.	ficer so
Signatur	GARY HABER / SECRE Printed or typed name and title	ETARY
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and compl d I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby o been notified in writing of this change.	ete performance igent. Or, if this confirm that the
Sign	nature of Registered Agent Date	
If signing on bel	half of an entity:	
Deni	Se FOWLEY	

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

Typed or Printed Name