L01000004048

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #f) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 11/202 |
| | Office Use Onl | |



700024554607

11/17/03--01021--003 **25.00

03 NOV 17 AH 9: 0

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limited liability company is: | BAL ENTERTAINENT NEDIA GOOD LUC vis: 1645 S. RANCO BANTA |
|--|---|
| 2. The mailing address of the limited liability company | y is: 1645 S. RAHCLO SANTA |
| 7É RD, SuiTE 206 | |
| 03/15/200 (3. Date of filing/registration in Florida | 4. Document number |
| | · · |
| 5. The name of the existered agent and the registered of Florida Department of State: Wichael Talogue Nam 290 HW 65 State Address A | Theet Plaza 100 |
| 6. The name and address of the new registered agent ar ALEXANDER Name Storida street address (P.O. | 1. Frone L AUE |
| Manlo Island FL City, State ar | 34145 nd Zip |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited hability company. | ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or |
| (Signature of a member or authorized representative of a member) Manual Scatter of Signee (Printed or typed name of signee) | |
| Ithereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, Thereby confirm that the limited liability comp | nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change. |
| Signature of Registered Agent) | v 6227 Tollohamas El 22214 |
| Division of Corporations, P.O. Box | k obz/, Tallahassee, FL 52514 |

FILING FEE: \$25.00

INHS18(10/99)