L0200012723

(Requestor's Name)		
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(Address)		
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(Madicas)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Buomoco Emily Hame)		
(Document Number)		
Certified Copies Certificates of Status		
Special leady rations to Silver Officer		
. Special Instructions to Filing Officer:		

Office Use Only



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12/22/08--01029--025 **25.00

C. LEWIS DEC 232008 **EXAMINER**

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Canvas Pictures, (Name of Lin	L LC nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Sharon Lane (Name of Person)	
LM On Pictures, Inc	<u></u>
13017 Woodbridge St	reet
Studio City, CA 91604 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Sharon Lane at (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	
17 \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

(Printed or typed name of signee) I hereby accept the appointment as registered agent and ageomply with the provisions of all statutes relative to the proam familiar with and occept the obligations of my position F.S. Or, if his became it is being filed to merely reflect a confirm that he limited liability company has been notified (Signature of Registered Agent) Division of Corporations, P.O. Box	sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, it his become is being filed to merely reflect a confirm that the limited limitity company has been notified	sper and complete performance of my duttes, and the segment as provided for in Chapter 608, whenge in the registered office address, I hereby in writing of this change.
	_
C.	
(Signature of a member of authorized representative of a member)	
limited liability company. (Signature of a member or authorized representative of a member)	-
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company for as otherwise provided in the articles of	t address of the registered office and the business ase of a Florida limited liability company, it is
(MUST BE FLORIDA STREET ADDRESS)	Key West ,FL 33040
NEW Registered Office Address:	C23 9th stenue
NEW Registered Agent:	Blue Planet Offices, Inc.
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
	# 2100 Hiami, FL 33138 US
Registered Office Address:	2000 Towerside Terrace
Registered Agent:	Jo-An Schlosberg
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
3. Date of filing/registration in Florida	<u>LO200012723</u> 4. Document number
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13017 Woodbridge Street Studio City, CA 91604
	3tudio City, (A 91604
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	18017 Mandhada a Stonath