## LD2000029755

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT [	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of St	atus

Special Instructions to Filing Officer:

L. SELLERS

APR - 8 2009

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
	tain ment PLace LLC ited 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 m	atter to the following:	
John Paul Garzan (Name of Person)	11H	
The Entertainmen	nt Placelic	
5645 Coral Ridge D	r #791	
COVALSPRINGS, FL (City/State and Zip Code)	33076	
For further information concerning this matter, ple	ase call:	
John Paul Garzanttate	954,763-7580	
(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 amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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## 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 company submits the following statement in order to char in the State of Florida.	<u> </u>
1. Name of the limited liability company:	Entertainment Place Lic
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 5645 Coral Ridge Dr Coral Springs Fl 33076
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	5645 Coval Ridge Un #291 Springs Fl
3. Date of filing/registration in Florida	<u>LO20000 29755</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	John Paul Garzan 17
Registered Office Address:	Port St Lucie, Fl
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	John Paul Garzant
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5645 Coral Ridge Dr# 291 Coral Springs FL 33076
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box FILING FEE	6327, Tallahassee, FL 32314

INHS18 (05/08)