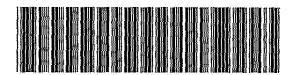
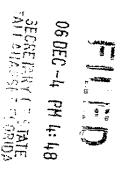
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Game Artists, LLC (Name of	Limited 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	g this matter to the following:
Sandra Salinas	
(Name of Person)	
Game Artists, LLC	
(Firm/Company)	
1040 SE 7th Court, Suite 107	
(Address)	
Dania Beach, FL 33004	
(City/State and Zip Code)	
For further information concerning this mat	iter, please call:
Sandra Salinas	at (954) 806-5507
(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 followi	ng amount:
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limi	ted liability company is: Game Artist	s, LLC	, ,,, , , , , , , , , , , , , , , , , 	•, <u>.</u>
2. The mailing address	of the limited liability company is:	1040 SE 7th Court, Si	uite 107	
_	, , ,	-	and the second of the second o	
10/20/2003	िक्का क्षेत्र समित्र के प्राप्त के किल्ला के किल्ला 	L03000040087		
3. Date of filing/registra	ation in Florida	4. Document number	ber	-1 <u>-1</u>
5. The name of the regis Florida Department o	stered agent and the registered office f State:	address as shown or	the records of the	
-	Corporation Service company	1		
	Name			:` : . _ `
	1201 Hays Street Address		54	
	Tallahassee, FL 32301		SEC	
	City, State and Z	lip		I
6. The name and addres	s of the new registered agent and/or	office:	A P	
	Dmitriy Polyakov		<u> </u>	9
	Name 1040 SE 7th Court, Suite 107		TATE ORIDA	7
	Florida street address (P.O. Box	NOT acceptable)		· .
	Dania Beach FL 3300	04		
	City, State and Zip		***	i sajan.
confirmed that after the and the business office cliability company, it is hof the members of the lor the operating agreem	ompany is not organized under the la change or changes are made, the Floof the registered agent will be identified the change of the change of the change of the change of the limited liability company or as other ent of the limited liability company. Orized representative of a member)	orida street address o cal. Or, in the case o was/were authorized wise provided in the	of the registered office of a Florida limited by an affirmative vo)te
Sandra Salinas			<u>, </u>	****
(Printed or typed name of signe			***	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir	pointment as registered agent and agons of all statules relative to the projund accept the obligations of my posifithis document is being filed to merom that the limited liability company	ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in	acity. I further agre- formance of my duti- gent as provided for in the registered offic writing of this chang	e to es, in ce e.
(Signature of Registered Agent	\	· ·	· · · · · · · · · · · · · · · · · · ·	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00