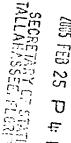


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TRANSMITTAL LETTER

(Name of Limited Liability Company)

Registration Section Division of Corporations

STREET ADDRESS:

Division of Corporations

Tallahassee, Florida 32399

Registration Section

409 E. Gaines Street

BALAJI BODUCTIONS.

TO:

The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
-		Name of Person)		
	· ·	•		
	BALAJI	PRODUCTIONS, LLC	_	
		(Firm/Company)		
	7645 LAKE WO	RAH ROAD.	#	
		(Address)	Fe s	
	LAKE WORTH	, FL 33+14	AND CB	
		/State and Zip Code)	- 65 25 EEE 25	
For further information of	concerning this matter, please	call:	7 F ST #	
ANAN	(Name of Person)	at (561) 296		
	(Name of Verson)	(Alea Code & Dayline	reteptione (vuinteer)	
Enclosed is a check for the				
ூ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	d)
ANAN	BALATA 7645 LAKE WO LAKE WORTH (City concerning this matter, please of Person) following amount: \$30.00 Filing Fee &	(Address) (Address) (FL 33+14 /State and Zip Code) call: at (S6) 296 (Area Code & Daytime) (S55.00 Filing Fee & Certified Copy	TASSET ARY OF STATE TO SECRETARY OF S	

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

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 limite liability company submits the following statement in order to change its registered office or registere agent, or both, in the State of Florida.
1. The name of the limited liability company is: BALAJI PRODUCTIONS, LIC.
2. The mailing address of the limited liability company is: 1276 BEACON CIRCLE
WELLINGTON, FL 33414
FEBRUARY 3, 2004 L04000009409
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: BRUCE J. SMOLER
Address HOLLYWOOD, FL 33020 City, State and Zip
6. The name and address of the new registered agent and/or office:
MATIS INVESIMENTS, LLC. Name Name Name Plorida street address (P.O. Box NOT acceptable) SSAR NOT acceptable)
LAKE WORTH, FL 33467
City, State and Zip If the limited liability company is not organized under the laws of the State of Florida II is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or duthorized representative of a member) SANSAY H. PATEL
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00