## 104000039827

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Digital Intuition Studios, LLC. (Name of corporation)
DOCUMENT NUMBER: 404 0000 398 27
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashlie Stevens (Name of contact person)
Digital Intuition Studios LLC. (Firm/Company)
1235 Royal Oak Dr. (Address)
Duncelvic FL 34698 (City/state and zip code)
For further information concerning this matter, please call:
Ashlie Stevens at (727) 365.6340 (Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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.

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1. The name of the limited li	iability company is:	Vigital	Intuitie	or Stud	105 LL	<u>-C</u>	<u></u>
<ol> <li>The name of the limited li</li> <li>The mailing address of the</li> </ol>	e limited liability con	npany is: _	1235_	Koyal (	Dak D	<u></u>	
Durudine, FL :		<u> </u>	·				
5.25.04			404	0000 3	1982	7	
5.25.04 3. Date of filing/registration	in Florida		4. Docume				
5. The name of the registered Florida Department of Sta	business Fi	ilings,	Fnc.				
	8025 Excelsion in City, S	Address  53 State and Zip	3/4#2	<u>200  </u> Rıg . 	Agen		م. آآ
6. The name and address of t	_		ffice:		:	24	
_1 _/_	Ashlie Steve 1835 Royal O Florida street address	MS Jame ak Dr.				MH: 29	-
	^			able)	ا حد	w.	
	Duredine City, Sta	FL .	34498				
	City, Sta	ate and Zip					
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb the members of the limited lithe operating agreement of the lithe operating agreement	age or changes are ma e registered agent will y confirmed that the c lability company or as ne limited liability con	ide, the Flor l be identica change(s) w s otherwise mpany.	ida street ad d. Or, in the	dress of the le case of a Fl	registered orida limit	office ted	e of r
Ashlie D. Steve	ns						
(Printed or typed name of signee)				_			
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	rent as registered ago f all statutes relative ccept the obligations document is being fi at the limited liability	ent and agre to the prope of my posit, led to merel company h	ee to act in te er and comp ion as regist y reflect a c as been noti	his capacity. lete perform tered agent a hange in the fied in writin	I further ance of my is provided registered ig of this c	agree y dutie d for in d office change	to 's, 1 ?
(Signature of Registered Agent)	<del></del>						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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