105000019140

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
•							

Office Use Only



200078931162

08/30/06--01008--012 **35.00

SECRETARY OF STATE OF STATE OF CORPORATIONS OF NIC 31 PM 12: 59

4. BRYAN SEP - 1. 2006

COVER LETTER

_	stration Section ion of Corporations				
SUBJECT:	WATER FORD (Name	ENTERTAIN MENT of Limited Liability Comp	ZCC pany)		
Dear Sir or N	/ladam:				
The enclosed	Registered Agent/Register	ed Office Change and fee(s	s) are submitted for filing	2.	
	all correspondence concern	·		-	
WATER	OREW SHUM WA (Name of Person) R FORD ENTER TAIL (Firm/Company) S5 POP CORN TRE (Address)	UM EN T		DIVISION OF CORPORATIONS 06 AUG 31 PM 12: 59	
ORL	(City/State and Zip Code)				
For further in	nformation concerning this	matter, please call:			
•	ABOVE (Name of Person)	at (<u>321)</u> (Area Co	89-9950 de & Daytime Telephon	e Number)	
Regist Divisi Clifto 2661 I	CET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle massee, Florida 32301	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		
Enclo	osed is a check for the follo	owing amount:			
□\$2	\$25 Filing Fee \$25 Filing Fee & Certified Copy				

INHS 18 (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 limite	d liability company	is: WATE	RFORD	ENTER	TAIN MENT LLC.		
2. The mailing address of	the limited liability	company is:					
	14155	POPCORN	TRAE	COURT	URLANDO, FL 3282.		
3-7-05					19140		
3. Date of filing/registration	on in Florida			ment numb			
5. The name of the register Florida Department of		gistered office	address a	s shown on	the records of the		
6. The name and address of		Address Ly, FL 33/3 y, State and Z l agent and/or	ip office:		DIVISION OF CORPORATION OF AUG 31 PH 12: 5		
	ANDREW :	Name			P		
	Florida street addr	OCOLN TREE	NOT 200	antohla)	STAT ORAT		
		`		eptaole)	59 Forse		
	ORLAWRO City	FL State and Zin	3 2828				
If the limited liability com	_	_		State of Flo	aide is in hamber		
confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement	the registered agent reby confirmed that the cited liability compart tof the limited liability	made, the Flowill be identicated the change(s) was otherward to company.	rida stree	t address of	the registered office		
(Printed or typed name of signee)	IVM WAY						
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608 IFS. Of if the address, thereby infirm	ntment as registered s of all statutes relat d accept the obligati his document is bein that the limited liab	l agent and agive to the propositions of my positions of grant propositions of the pro	ree to act per and co tion as re ly reflect has been i	in this capa mplete per gistered ag a change in notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office vriting of this change.		

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