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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC REGISTERED AGENT CHANGE BLINK ENTERTAINMENT, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: BLINK ENTERTAINMENT, 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 this matter to the following:

Vanessa Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest P	kwy. Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual For further information concerning this matter, pleased Vanessa Castillo	•
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 Tallahassec, Florida 32314
Enclosed is a check for the following amo	ount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: BLINK E	ENTE	ERTAIN	NMENT, LLC	
2, (a)	480 Forest Avenue		_{b)} PO B	lox 281	
	Principal office address of limited liability company. (None: MUST BE STREET ADDRESS) Locust Valley, NY 11560		N	failing address of limited hability compan (Note: MAY BE POST OFFICE BOX) Leck, NY 11765	y.
				.0040004	
	5/3/2005			0043801	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Blumbergexcelsior Corporate S Registered Agent and Registered Office shown on the records of 155 Office Plaza Drive, Registered Office Address (MUST BE FLORIDA STREET) 1st Floor	the Florid	la Dept, of State:		
	Tallahassee Registered Agent Solutions	323)29 FEB	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			-1 PM12:	
	155 Office Plaza Dr.			12:	
	NEW Registered Office Address Suite A				
	Tallahassee	323	01		

If the limited liability company is not organized under the laws of the State of Florida, it 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.

/s/ GREGORY M LANUTI

GREGORY M LANUTIAuthorized Person

Signature of a member or authorized representative of a member

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, 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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent