

L05000067101Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

RECEIVED
11 APR 25 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC REGISTERED AGENT CHANGE
SUNRIDER PRODUCTIONS II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. BRYAN

APR 25 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunrider Productions II, 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:

Marianne Ansel, Paralegal

Name of Person

Duane Morris LLP

Firm/Company

30 South 17th Street

Address

Philadelphia, PA 19103

City/State and Zip Code

BobW@seccable.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marianne Ansel, Paralegal

Name of Person

at 215

979-1224

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

DNES18 (5/08)

FILED
11 APR 25 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: SUNRIDER PRODUCTIONS II, LLC

2. (a) Principal office address of limited liability company: 320 Sparta Avenue

(Note: MUST BE STREET ADDRESS)

Sparta, NJ 07871

(b) Mailing address of limited liability company:

320 Sparta Avenue

(Note: MAY BE POST OFFICE BOX)

P. O. Box 853

Sparta, NJ 07871

7/7/2005

LO5000067101

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

William G. Brayford

Registered Office Address:

100 N.E. 20th Terrace

Deerfield Beach, FL 33441 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Robert H. Williams Jr.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

FL

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.

Robert H. Williams Jr.
Signature of a member or authorized representative of a member

Robert H. Williams Jr.
Printed or typed name of signer

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 608, 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.

By: Robert H. Williams Jr.
Signature of Registered Agent

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

INHS18 (05/08)

FILED - 11/16/2010 CT Special Online

FILED
11 APR 25 AM 9:21
TALLAHASSEE, FLORIDA
DIVISION OF STATE