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(R	equestor's Name)				
(A	ddress)				
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(C	ity/State/Zip/Phon	e#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(D	ocument Number)	· · · · · · · · · · · · · · · · · · ·			
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
<u> </u>	Office Use On	.h.			



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OF SEP 29 PM 2: 08

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TALLAHASSEE. FLORIDA

COVER LETTER

Division of Corporations				
SUBJECT: B & G Art Production, L (Name of I		ility Company)	_	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Chang	e and fee(s) are submitted for f	iling.	
Please return all correspondence concerning	this matter to	o the following:		
Fredrick Goldman				
(Name of Person)		_		
B & G Art Production, LLC		_		
(Firm/Company)			05 S	
5970 SW 18th Street, #145			SEP 29 PM 2: 08 ECRE (ARY OF STATE LAHASSEE, FLORID	- E
(Address)			SEE. F	T
Boca Raton, FL 33433			Sig. 2:1	Separate Se
(City/State and Zip Code)	-W	-	88 88	
For further information concerning this matt	er, please cal	U :		
Fredrick Goldman	at (561	₎ 395-9183		
(Name of Person)		(Area Code & Daytime Telep	hone Numb	er)
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section			
Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following	ıg amount:			
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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 limited liability company is: B & G Art Production, LLC

2. The mailing address of the limited liability company is: 5970 SW 18th Street, #145, Boca Raton, FL 33433

2. The mailing address	ss of the limited liability co	mpany is: 5970 SW 18th Stree	et, #145, Boca Raton,
FL 33433			
September 13, 200	05	L05000090029	
3. Date of filing/registration in Florida		4. Document numb	er
Florida Departmeni	of State: Filings, Inc. 3732 NW 16th Street	Address L 33311 State and Zip	the records of SEP 29 PM 2: 08 SECRETARLAHASSEE, FLORIE
	Fredrick Goldman		39*

Fredrick Goldman

Name
5970 SW 18th Street, #145

Florida street address (P.O. Box NOT acceptable)

Boca Raton, FL 33433

City, State and Zip

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.

(Signature of a member or authorized representative of a member)

213A BEANE GOLDMAN (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 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.

(Signature of Registered Agent)

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