L05000123501

(Req	uestor's Name)		
(Address)			
(Add	ress)		
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. PICK-UP	WAIT	MAIL	
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SECRETARY OF STATE
SECRETARY OF

COVER LETTER

_	ration Section on of Corporations		
SUBJECT: <u> </u>	Entertainment Consult (Name of	ing LLC Limited Liabilit	y Company)
Dear Sir or Ma	adam:		
The enclosed	Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please return a	all correspondence concerning	g this matter to t	he following:
Alina Silve	rs		
	(Name of Person)		•
NRAI Serv	rices, Inc		
	(Firm/Company)		
2731 Exec	utive Park Drive Suite	4	
	(Address)		•
Weston, FI	33331		
11001011, 111	(City/State and Zip Code)		
For further inf	ormation concerning this mat	ter, please call:	
Alina Silver	S	at (954	318-2787
	(Name of Person)	(A	Area Code & Daytime Telephone Number)
Registra Division Clifton 2661 Ex	ET/COURIER ADDRESS: ation Section in of Corporations Building secutive Center Circle ssee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclos	ed is a check for the followi	ng 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: Entertainment Consulting LLC	
2. The mailing address of the limited liability company is: 1801 S Federal Hwy.	Suite 300
Delray Beach, FL 33483	
12/29/2005 L05000123501	
3. Date of filing/registration in Florida 4. Document num	ber
5. The name of the registered agent and the registered office address as shown o Florida Department of State:	n the records of the
Michael G. Park, Esq.	
Name	
1801 S Federal Hwy Ste 300 Address	
Delray Beach, FL 33483	
City, State and Zip	H.0 0
6. The name and address of the new registered agent and/or office:	FILED 7 JUL -3 PM 12: SECRETARY OF STA
NDAL Caniago Inc	FILED L-3 PM L-3 PM ETARY OF EHASSEE,
NRAI Services, Inc. Name	SSE 3 FE
2731 Executive Park Drive, Suite 4	
Florida street address (P.O. Box NOT acceptable)	F0 75
Tiorida su cei address (T.O. Box 1401 acceptable)	SE :
Weston FL 33331	DA 2
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Fl confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the or the operating agreement of the limited liability company.	of the registered office of a Florida limited by an affirmative vote
(Signature of a member or authorized representative of a member)	
Michael G. Park, MGRM (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in NRAI Services inc. (Signature of Registered Agent) Karen Redman, Asst. Sec. Division of Corporations, P.O. Box 6327, Tallahassee, FL	

FILING FEE: \$25.00

INHS18 (8/05)