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ECRETARY OF STATE SION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BAY AREA STUDIOS, LLC (Name of	C 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:			
Monica D. Hardwick				
(Name of Person)				
BAY AREA STUDIOS, LLC				
(Firm/Company)				
510 3rd Street North #4				
(Address)				
Saint Petersburg, Fl 33701				
(City/State and Zip Code)				
For further information concerning this mat	ter, please call:			
Monica D. Hardwick	_ at (727) 565-5599			
(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 Tallahassee, Florida 32314			
Enclosed is a check for the following	ng amount:			
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

"The righteous shall flourish like a palm tree, he shall grow like a cedar in Lebanon."
Psalms 92:12 N.K.J.V.

510 3rd Street North #4
St. Petersburg, Fl 33701
BayAreaStudios.org
727-565-5599
Habakkuk 2:2-4 / Ecclesiastes 5:3



Bay Area Studios, Limited Liability Company "A Ministry of Talents" Monica D. Hardwick

November 15, 2007

Florida Department of State Division of Corporations To Tammy:

Greetings,

Per our conversation a few weeks ago concerning my refund; I would like the money submitted in October to be applied to the enclosed documents and the balance returned to me at:

Bay Area Studios, LLC "A Ministry of Talents" Monica D. Hardwick 510 3rd Street North #4 St. Petersburg, Fl 33701

At His Service,

Mambar

Bay Area Studios, Limited Liability Company

"A Ministry of Talents"

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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 limit	ed liability compar	ny is: BAY	AREA STUDIOS, LLC			
2. The mailing address of	f the limited liabil	lity compan	y is: 510 3rd Street N	orth #4		
Saint Petersburg, FI 33701	1					
January 10, 2006		-	L06000003110)		
3. Date of filing/registration in Florida 4. Document number		umber				
5. The name of the regist Florida Department of		e registered	office address as show	vn on the records o	f the	
•	Herman G. Ad	lams, Jr		<u> </u>		
	2002 1st Street				07	ISIAID
Address Saint Petersburg, Fl 33705				07 NOV 28	오구	
	Saint Fetersburg	City, State			28	유
6. The name and address	of the new registe	ered agent a	nd/or office:		P	OF CORPORATIONS
	InCorp Services	s Inc			91:4	STA ORA:
	111001P 00111001	Name		·	91	<u> </u>
	17888 67th Cou	ırt North		_		Ø
	Florida street a	ddress (P.O	Box NOT acceptabl	.e)		
	Loxahatchee,	FL	33470			
	C	City, State an	d Zip			
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the life or the operating agreement of the operating agreement of a member or authority.	change or changes f the registered agereby confirmed the mited liability control of the limited li	are made, the ent will be in the changing or as in the community community.	he Florida street addr dentical. Or, in the ca ge(s) was/were author otherwise provided in	ess of the registere ase of a Florida lim rized by an affirma	d offi uted tive v	ote
Monica D. Hardwick, mei						
(Printed or typed name of signee	•					
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registe ns of all statutes r nd accept the oblig this document is b that the limited l	ered agent a relative to th gations of m being filed to liability com	nd agree to act in this e proper and complet y position as register o merely reflect a cha pany has been notifie	capacity. I furthe e performance of n ed agent as provide nge in the registere d in writing of this	r agre ny dui ed for ed offi chan	ee to ties, in ce ge.
(Signature of Registered Agent)	nc					

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