Division of Corporations
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To

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : THE FLORIDA COMPANY

Account Number : I20060000001 Phone : (608)827-5300

Fax Number : (608)824-0405

John

O6 NOV - | AM IO: 11
SECRETARY OF STATETALLAHASSEE, FLORIDA

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VIS:ON OF CORPORATION

REGISTERED AGENT CHANGE

R.O.C. ENTERTAINMENT LLC

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Help

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

Pursuant to the provision liability company submits agent, or both, in the State	ns of sections 608.416 or 608.508, Florida Statute the following statement in order to change its reg c of Florida.	s, the ristered	ındersigi office or	ned l regi	imited stered
1. The name of the limite	d liability company is: R.O.C. ENTERTAINMENT LLC				·
2. The mailing address of	the limited liability company is:				
3225 N.E. 184TH STREET, S	STE.#10-306 NORTH MIAMI BEACH FL 33160		····		
1/11/2006	L06000004597				
3. Date of filing/registrati	on in Florida 4. Document nu	mber	-		
5. The name of the register Florida Department of S	red agent and the registered office address as shown	on the r	ecords o	f the	
	THE FLORIDA INCORPORATING COMPANY				
	Name	-			
	1203 GOVERNORS SQUARE, STE. 101	<u> </u>			
	Address		•		
	TALLAHASSEE, FL 32301 City, State and Zip	_;` _ ,,			
		٠.,	A SE	90	
6. The name and address of	of the new registered agent and/or office:	:	L A C S	NON	Contract
	Business Filings Incorporated			<=	#7100000
•	Name	-	SSE	<u></u>	
, ,	1203 Governors Square, Ste. 101		in)	735	
•	Florida street address (P.O. Box NOT acceptable)		<u> </u>	:0:	laned 0 a c
			OR T		Canada
	Taliahassee FL 32301	_	DA.		
	City, State and Zip		_		
confirmed that after the ch	pany is not organized under the laws of the State of ange or changes are made, the Florida street address the registered agent will be identical. Or, in the case eby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the affithe limited liability company. Let representative of a member)			1 200	ce ote of i or
CHRISTOPHER M (Printed or typed name of signee)	CHABOT				
ad belin	ntment as registered agent and agree to act in this constant in the constant statutes relative to the proper and complete proper in the obligations of my position as registered its document is being filed to merely reflect a change that the limited liability company has been notified in the limited liability company has been notified liability company has been notified liability company has been notified liability liability.			r agr iy du id for id off chan	ee to ties, · in ìce ge.
DIVISIOI	n of Corporations, P.O. Box 6327@Wallahassee, FI FILING FEE: \$25.00	_ 32314	ı		

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