Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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:

LLC REGISTERED AGENT CHANGE GALLERIA CINEMA, LLC

RECEIVED 10 SEP 16 PM 1: 18 ECRETARY OF STATE LLAHASSEE. FLORIDA

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T. HAMPTON

SEP 17 2010

EXAMINER

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https://efile.sunbiz.org/scripts/efilcovr.exe

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:	GALLERIA CINEMA, LLC
2. (a) Principal office address of limited liability company	1003 WEST INDIANTOWN RD SUITE 210
(Note: MUST BE STREET ADDRESS)	JUPITER FL 33458
(b) Mailing address of limited liability company:	1003 WEST INDIANTOWN RD SUITE 210
(Note: MAY BE POST OFFICE BOX)	JUPITER FL 33458
L06000022099	2/27/2006
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State;
Registered Agent:	FRANK, BRUCE S
Registered Office Address:	392 BAGLE DR. JUPITER PL. 33458
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
<u>NEW</u> Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
[10 Qu 1 20 3 10 21 20 7 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Plantation, FL 33324
If the limited liability company is not organized under the le confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as others or the operating agreement of the limited liability company.	
/s/ Robert J Reynolds	
Signature of a member or pathorized representative of a member	
Robert J. Reynolds Printed or typed name of signer	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, it on as registered agent as provided for in by ely reflect a change in the registered office has been notified in writing of this change.

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

_____ Barbara A. Burke Special Assistant Secretary

INHS18 (05/08)