## L06000046441

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SECRETARY OF STATE DIVISION OF CORPORATIONS OR MAR -3 PM 3: 57

J. BRYAN

MAR - 4 2008

**EXAMINER** 

## **COVER LETTER**

<b>FO:</b> Registration Section Division of Corporations		
SUBJECT: Ticket Animal, LLC (Name of	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	g this matter to the following:	
Jorge Barrera		
(Name of Person)		
Ticket Animal, LLC	OB MAR -3 PM	
(Firm/Company)	70 - CO	
333 South State Street, Ste V444	P 7 7	
· (Address)	 ယ (၁	
Laka Oswaga OB 07034	<b>5</b>	
Lake Oswego, OR 97034 (City/State and Zip Code)	<del></del>	
For further information concerning this matt	ter, please call:	
Jorge Barrera	_ at ( 863) 521-5820	
(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:	
<b>✓</b> \$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:	Ticket Animal, LLC	·
2. The mailing address of the limited liability co	ompany is: 333 South State Stre	et, Ste V444
Lake Oswego, OR 97034		· · · · · · · · · · · · · · · · · · ·
05/04/2006 L06000046441		
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	stered office address as shown on the	ne records of the
Jorge Barrera		
222.2	Name	<b>~</b> 1
	rdens Road, Suite G	<b>9</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Address	SECRET IVISION C
<u>Winter Haven, Fl</u>		<b>3 3 3 3 3 3 3 3 3 3</b>
City,	State and Zip	3 625
6. The name and address of the new registered ag	gent and/or office:	S PM
Jorge Barrera		<b>ن</b> \$ 25
	Name	TIONS
1555 North Shore	Drive, Suite 4	<b>-1</b> 45
Florida street address	s (P.O. Box NOT acceptable)	
Miami Beach,	FL 33141	
City, S	State and Zip	
If the limited liability company is not organized	under the laws of the State of Flori	da, 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)

Jorge Barrera

(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 statules 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)