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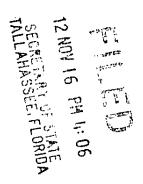
Office Use Only





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#### **COVER LETTER**

**TO:** Registration Section

**Division of Corporations** 

Surgery, 56 Deluxe Productions, 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 this matter to the following:

## Andrea Tsakanikas

Name of Person

56 Deluxe Productions, LLC

Firn/Company

1121 E. Commercial Blvd, #41

Address

Fort Laud, FL 33334

City/State and Zip Code

KTAndrea@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Andrea Tsakanikas

954

771-2889

Name of Person \*

Area Code & Daytime Telephone Numbe

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### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

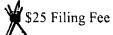
- 2661 Executive Center Circle
- Tallahassee, Florida 32301

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327

<sup>2</sup> Tallahassee, Florida 32314

Enclosed is a check for the following amount:



□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

# 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.	Nar	me of the limited liability company: 56 Deluxe Producti	ons, LLC	
2.	(a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 1121 E. Commercial Blvd, #41 Fort Lauderdale, FL 33334	
	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	1121 E. Commercial Blvd, #41 Fort Lauderdale, FL 33334	AS 22
6/1	2/200	6	L06000060154	1 5 F
3.	Dat	e of filing/registration in Florida	4. Document number	SEE PR
5.	(a)	Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State.
		Registered Agent:	Andrea Tsakanikas	응 등 등
		Registered Office Address:	2701C East Oakland Park Blvd Fort Lauderdale, FL 33306	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>		no change from above  1121 E. Commercial Blvd, #41	lress:
		(MUST BE FLORIDA STREET ADDRESS)		EL 22224
			Fort Lauderdale	,FL33334
an lia th th	nfiri id th abiline e me e op	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be idently company, it is hereby confirmed that the change embers of the limited liability company or as otherwerating agreement of the limited liability company.  Adult Database of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a s) was/were authorized by vise provided in the articles	e registered office Florida limited
Pı	inted	Andrea Tsakarikas of typed name of signee	_	
I co ar C	here mpl id I i hapt idr <b>e</b>	by accept the appointment as registered agent and with the provisions of all statutes relative to the pain familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to his I hereby confirm that the limited liability compa	agree to act in this capaci proper and complete perfor position as registered agen nerely reflect a change in th ny has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.

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

Signature of Registered Agent