

LD6000115904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

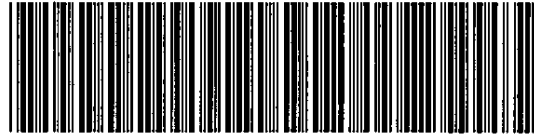
(Document Number)

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**GILES & ROBINSON, P.A.**  
ATTORNEYS AT LAW

390 N. Orange Avenue  
Suite 2180  
Orlando, Florida 32801

Telephone: (407) 425-3591  
Facsimile: (407) 841-8171  
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December 11, 2006

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
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Re: Blue Wood Studio, LLC

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Agent Form for Limited Liability Company, along with our firm's check in the amount of \$25.00.

I would appreciate your filing this document. Thank you for your attention to this matter.

Sincerely,  
GILES & ROBINSON, P.A.



Christopher G. Jones

GGJ/klr  
Enclosures

**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: Blue Wood Studio, LLC
2. The mailing address of the limited liability company is : 919 Orange Avenue, Winter Park, Florida 32789

December 1, 2006

3. Date of filing/registration in Florida

LO6000115904

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Christopher G. Jones

Name

390 N. Orange Avenue, Suite 2180

Address

Orlando, Florida 32801

City, State and Zip

6. The name and address of the new registered agent and/or office:

Stephanie Henley

Name

919 Orange Avenue

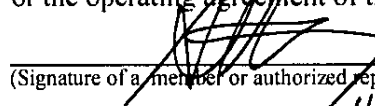
Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32789

City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, 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)

Stephanie Henley  
(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 statutes 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)

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