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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|-----------------------|--|-------------------|
| SUBJECT: Recruit Flix LLC (Name of | Limited Liabili | ty Company) | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered | Office Change a | and fee(s) are submitte | d for filing. |
| Please return all correspondence concerning | g this matter to t | the following: | |
| Bernardo Burstein, Esq. | | _ | |
| (Name of Person) | | _ | |
| Burstein & Associates, P.A. | | | |
| (Firm/Company) | | _ | O7 SE |
| 12000 Biscayne Blvd., Ste. 508 | | | SEP CRETA |
| (Address) | | - | 17 ARY SSEE |
| Miami, FL 33181 | | | PM 12: 09 |
| (City/State and Zip Code) | | - | 2: 09 |
| For further information concerning this man | tter, please call: | | · |
| Bernardo Burstein, Esq. | at (305 |) 981-9033 | |
| (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 | Regi Divis P.O. | stration Section sion of Corporations Box 6327 shassee, Florida 32314 | · |
| Enclosed is a check for the following | ing amount: | | |
| \$25 Filing Fee | □ \$55 | Filing Fee & Certifie | d 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.

| | oj 2 to. 12.0 | | | | | |
|---|--|---|--|---|--|--|
| 1. The name of the limit | ted liability company is: _F | Recruit Flix LLC | | · | | |
| 2. The mailing address | of the limited liability com | pany is : 5201 Blue Lagoon Drive, | Suite 901, Mi | ami, FL 3312 | | |
| | | | | | | |
| January 8, 2007 | | L07000002089 | | | | |
| 3. Date of filing/registra | ition in Florida | 4. Document number | 4. Document number | | | |
| 5. The name of the regis Florida Department of | | red office address as shown on th | ne records of | the | | |
| • | Tapia, Michael P. | | | | | |
| | N | Vame | | | | |
| | 9807 SW 106 Terrace | | | | | |
| | Ac | ddress | 7 0 | | | |
| | Miami, FL 33176 | | 07 SEP SECRET | Garan | | |
| | City, St | ate and Zip | 소 유 박 | T J | | |
| 6. The name and address | s of the new registered age | nt and/or office: | ARY SSE | | | |
| | Maria Benitez | | PM 12: 09 | | | |
| | | ime | PM I2: 09 Of State E, florid | O | | |
| | 5201 Blue Lagoon Drive | | RATIO | | | |
| | Florida street address (| P.O. Box NOT acceptable) | A | | | |
| | Miami, FL 33126 | FL | | | | |
| | City, Sta | te and Zip | | | | |
| confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreement of the lior than | change or changes are made | der the laws of the State of Floride, the Florida street address of the identical. Or, in the case of a hange(s) was/were authorized by a so otherwise provided in the art company. | ne registered | office | | |
| Maria Benitez on behalf | of InLab Media, Inc. | | | | | |
| (Printed or typed name of signe | | | | | | |
| I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm | ointment as registered age ins of all statutes relative to add accept the obligations of this document is being file in that the limited liability of the liability of t | nt and agree to act in this capac o the proper and complete perfo of my position as registered agen ed to merely reflect a change in t company has been notified in wr | ity. I further rmance of my it as provided he registered iting of this c | agree to duties, l for in l office hänge. | | |
| (Signature of Registered Agent) | The state of the s | - | | | | |

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