

LD70000012406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

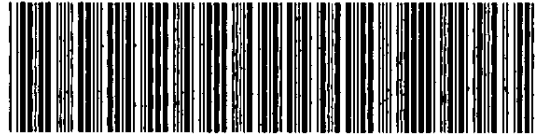
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JUN 19 2008
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2008 JUN 18 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flux 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:

Edward A. Dimayuga
(Name of Person)

Flux Productions, LLC
(Firm/Company)

1638 Almond Ave
(Address)

Orlando, FL 32814
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward A. Dimayuga at (407) 233-6891
(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 amount:

\$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. Name of the limited liability company: Flux Productions, LLC +
2. (a) Principal office address of limited liability company: 1622 Donald Street +
 (Note: **MUST BE STREET ADDRESS**) Jacksonville, FL 32205 +
- (b) Mailing address of limited liability company: 1622 Donald Street +
 (Note: **MAY BE POST OFFICE BOX**) Jacksonville, FL 32205 +

February 1, 2007 L07000012406

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Edward A. Dimayuga

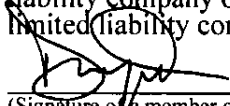
Registered Office Address: 226 NORTH NOVA ROAD, STE. 193
ORMOND BEACH FL 32174-5124 US +

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Edward A. Dimayuga +

NEW Registered Office Address: 1638 Almond Ave
(MUST BE FLORIDA STREET ADDRESS) Orlando, FL 32814

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.

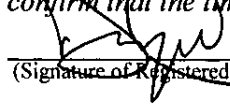


 (Signature of a member or authorized representative of a member)

EDWARD DIMAYUGA

 (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

FILED
 JUN 18 PM 2:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA