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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Bu	siness Entity Nai	me)	
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Certified Copies	Certificates of Status		
			
Special Instructions to	Filing Officer:		
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Office Use Only



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M. Thomas JAN 16 2008

COVER LETTER

TO:	Registration Section Division of Corporations	•	v	
SUBJI	ECT: CARBON PRODUCTION	NS, LLC of Limited Liab	lity Company)	
	•		• • • • • • • • • • • • • • • • • • • •	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	d Office Change	e and fee(s) are submitted for	filing.
Please	return all correspondence concerni	ng this matter to	the following:	
	,			
JERE	MY F. SEGHERS			
	(Name of Person)			08 JAH 15 AH II: 17
				影岩
CARE	BON PRODUCTIONS, LLC	- ,, ,		造 三
	(Firm/Company)			50 J
	Service .			門兒里
1515	CATHERINE STREET, UNIT 2			FLOST -:
	(Address)			誤っ
	The Company of the Co			7
ORLA	NDO, FL 32801			
	(City/State and Zip Code)			
For fur	ther information concerning this ma	atter, please cal	l :	
JERE	MY F. SEGHERS	at (407	չ 271-9311	
-	(Name of Person)		(Area Code & Daytime Tele	phone Number)
	STREET/COURIER ADDRESS:	м	AILING ADDRESS:	
	Registration Section	Registration Section		,
	Division of Corporations	Division of Corporations		
1.	Clifton Building	P.O. Box 6327		
, ,	2661 Executive Center Circle Tallahassee, Florida 32301	Ta	llahassee, Florida 32314	
	Enclosed is a check for the follow	ving amount:		
មារីប្រវិ	○★AHRMW.	П ¢	55 Filing Fee & Certified Co	nv
		₩		7)

INHS18 (8/05)

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: CARBON PRODUCTIONS, LLC	.•
2.	The mailing address of the limited liability company is : 1515 CATHERINE STREET, UNIT 2	
<u>OI</u>	RLANDO, FL 32801	
02	2/12/2007 L07000015489	
3.	Date of filing/registration in Florida 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:	
	CORPORATION SERVICE COMPANY	
	Name	
	1201 HAYS STREET	
	Address	
	TALLAHASSEE FL 32301 US	
	City, State and Zip	_
6.	TALLAHASSEE FL 32301 US City, State and Zip The name and address of the new registered agent and/or office: JEREMY F. SEGHERS Name 1515 CATHERINE STREET LINIT 2	モ
	JEREMY F. SEGHERS	
	Name 92	_
	1010 CATTLENINE STREET, UNIT 2	-
	Florida street address (P.O. Box NOT acceptable)	
	ORLANDO, FL 32801	
	City, State and Zip	
co an lia of	the limited liability company is not organized under the laws of the State of Florida, it is hereby enfirmed 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 ability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.	
U		
	EREMY F. SEGHERS	
•	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to amply 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 hapter 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.	
(Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)