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· COVER LETTER

Division of Corporations	,	
SUBJECT: TANON PRODUCTIONS, L	LC .	
(Name of L	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
PATRICIA A. BORJON		
(Name of Person)		
TANON PRODUCTIONS, LLC		
(Firm/Company)		
8290 LAKE DRIVE # 348		
(Address)		
MIAMI EL 22166	•	
MIAMI, FL 33166 (City/State and Zip Code)		
For further information concerning this matter	er, please call:	
PATRICIA A. BORJON	at (_786) 247-4520	
(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	ng 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. The name of the lir	nited liability company is: T	ANON PRODUCTIONS, LLC	
2. The mailing addres	s of the limited liability comp	pany is : 8290 LAKE DRIVE #34	18, MIAMI, FL 33166 .
JUNE 7, 2007		L07000059941.	•
3. Date of filing/registration in Florida		4. Document numb	er
5. The name of the reg Florida Department	of State:	ed office address as shown on	the records of the
		ONZALEZ-FERNANDEZ ame	
	11241 NW 57TH LANE	ame	9
		dress	SE 07
DORAL, FL 33178			SECRETARY VISION OF C
	City, Sta	nte and Zip	
6. The name and addre	ess of the new registered agen	it and/or office:	
	PATRICIA A. BORJON		
	Nai	-	2: 24
	8290 LAKE DRIVE #348		4 2
	Florida street address (F	P.O. Box NOT acceptable)	anng r sila- p pa
	MIAMI, FL 33166	FL	
	City, State	e and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agree. (Signature of a member or at	the change or changes are made of the registered agent will be hereby confirmed that the changes are made of the registered agent will be hereby confirmed that the change of the limited liability company or ment of the limited liability confirmed representative of a member) and confirmed representative of a member) and confirmed representative of a member)	der the laws of the State of Floe, the Florida street address of the identical. Or, in the case of the	the registered office a Florida limited
	_	ot and agree to get in this eare	acity. I further agree to
Thereby diccept the diccomply with the proving and I am familiar with Chapter 608, F.S. Or address, I hereby con (Signature of Registered Ag		nt and agree to act in this capa o the proper and complete perf f my position as registered ago d to merely reflect a change in company has been notified in w	ormance of my duties, ormance of my duties, ent as provided for in 1 the registered office vriting of this change.
Div	ision of Corporations, P.O.	Box 6327, Tallahassee, FL 3	12314

FILING FEE: \$25.00

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