

08/09/2011 02:40 FAX 8133336358

NICK SPRADLIN

0007/0008

**L07000127179**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000120511 3)))



H130001205113ABCO

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-6358

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
13 MAY 31 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
SETTLEMENT ASSURANCE GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2013 MAY 31 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H130001205113

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

THE LAW OFFICES OF NICK SPRADLIN, PLLC, hereby resigns as  
Name of Registered Agent

Registered Agent for SETTLEMENT ASSURANCE GROUP, LLC


Name of Limited Liability Company

L07000127179

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

NICKOLAS J. SPRADLIN, ESQ.

Typed or Printed Name

CEO

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 31 AM 11:04

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### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

H130001205113

L12000028307

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000120272 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THUNDER BOX BLURAY & DVD GAMING KIOSK LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

13 MAY 31 PM 2:33

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 31 AM 10:56

FILED

B. BOSTICK  
JUN - 3 2013  
EXAMINER

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THUNDER BOX BLURAY & DVD GAMING KIOSK LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Imelda Vasquez

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Imelda Vasquez

(Name of Person)

at ( 323 ) 962-8600 ext 7950

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 31 AM 10:56

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

THUNDER BOX BLURAY & DVD GAMING KIOSK LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2013 MAY 31 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/28/2012 and assigned  
Florida document number L12000028307.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

THUNDER BOXX Communications LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Stephen K Boyd SR

New Registered Office Address:

6903 Silvermill Dr

(Enter Florida street address)

Tampa

(City)

Florida 33635

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*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.*

  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

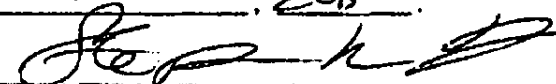
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 29, 2013

  
Signature of a member or authorized representative of a member

STEPHEN K. BOYD, SR  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 31 AM 10:56

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