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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: MOR nmen (Name of Limited L Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ainment LLC. Firm/Commany 322 02 (City/State and Zip For further information concerning this matter, please call: РЧ

(Name of Contact Person) at (904) 860-545/ 55 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

بب

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

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: Nor H. Est	or Entertainment LLC,
2. (a) Principal office address of limited liability company	UNTER SIL 1
(Note: MUST BE STREET ADDRESS)	Sacksonville, FL 32202
(b) Mailing address of limited liability company:	119 E Bay Street
(Note: MAY BE POST OFFICE BOX)	Sacksonville, FL 32202
12/31/2010 3. Date of filing/registration in Florida	<u>LO8000013074</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	Andrea Dawn Koralewski
Registered Office Address:	Northster Substation 19 E. Bax St. Jacksonville, FL 3220 2
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	W Registered Office address: Kristopher A. Kiger
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Morthstor Substation 119 E. Bay St. Jacksonville, FL 32202
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
Andrea Dawn Korakuski Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm thet the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in veriting of this change.

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

Signature of Registered Agent.