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SECRETARY OF STATE



COVER LETTER

Division of Corporation	ns		
SUBJECT: Concor	rd Productions LLC		
(Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agen	at/Registered Office Change and fee(s) are submitted for	r filing.	
Please return all correspondence	ce concerning this matter to the following:		
John Fishle	Person)	00 TAL	
Concord Proc (Firm/Com	ductions LLC	09 APR 16 PH 1:26 SECKETARY OF STATE FALLAHASSEE, FLORID	
180 cnelton C	ircle s)	PH 1:2	
winter Park, F	=C 32789	IDA	
For further information concer			
John Fishbac (Name of Perso		: Number)	
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tailahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	·	
Enclosed is a check fo	or the following amount:	•	
☎ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Co	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2009

JOHN FISHBACK 180 CHELTON CIRCLE WINTER PARK, FL 32789

SUBJECT: CONCORD PRODUCTIONS, LLC

Ref. Number: L08000013162

We have received your document for CONCORD PRODUCTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 409A00010833

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 Floridá. Concord Productions LLC 1. Name of the limited liability company: Juhn Fighback 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) octoclo. Fishback (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Concord L08000013162 02/04/2009 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of authorized representative of a member) John Fishback (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.

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

(Signature of Registered Agent)