1108000033911

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE, TALLAHASSEF ET DATE.

JUL 23 2012

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI		DDUCTION GROUP, LLC nited Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for fi	ling.	
Please	return all correspondence concerning the	is matter to the following:		
	Scott D. Widerman, Esquire Name of Person			
	Zies Widerman & Malek Firm/Company			
 	1990 W. New Haven Ave.		20 TAL	
	Melbourne, FL 32904 City/State and Zip Code		2012 JUL 20 SECRETARY ALLAHASSEE	
	Scott@LegalTeamUSA.com nail address: (to be used for future annual report notif		OF'STA	Taga B
	ther information concerning this matter,		20 DA	
	Scott D. Widerman, Esquire Name of Person	Area Code & Daytime Telephone Numb	per	
	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	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. Name of the limited liability company:IMAG	E PRODUCTION GROUP, LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	1990 W. New Haven Ave., Suite 201 Melbourne, FL 32904
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1990 W. New Haven Ave., Suite 201 Melbourne, FL 32904
06/14/2005	L08000033911
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Scott D. Widerman, Esquire
Registered Office Address:	202 N. Harbor City Blvd., Suite 101 Melbourne, FL 32935
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1990 W. New Haven Ave. Suite 201 Melbourne ,FL32904
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is bereby 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. Signature of a member or authorized representative of a member. Scott D. Widerman Printed or typed name of signce. I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision of all statutes relative to the practice of the obligations of my portions of the limited liability company.	lorida street address of the registered of figerical. Or, in the case of a Floridarinfified 17 was/were authorized by an affirmative vote rwise provided in the articles of a fahization 17 was a firm
Signature of Registered Agent	