L080008313

(Requestor's Name)		
(Address)		
(,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certified copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

SEP 24 2010

EXAMINER



700185412047

09/23/10--01008--003 **25.00

10 SEP 23 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO SEP 23 PM 1:0

COVER LETTER

Division of Corporations		
SUBJECT: Open box Studius, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Marc Pussell Name of Person		
Open hox Strdiss, LLC Firm/Company		
1000 Tarpon Woods Blod. #105		
Palm Harbor, FL 34685 City/State and Zip Code		
E-mail address! (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Marc Russel at (727) 787-2123 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 amount:		
\$25 Filing Fee \$\sum \square \\$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: Openbox	Studios, LLC
2. (a) Principal office address of limited liability compar	$ 11 \times 1$
(Note: MUST BE STREET ADDRESS)	Palm Harbor, FC 34685
(b) Mailing address of limited liability company:	1000 Tarpon Woo. 15 Blod
(Note: MAY BE POST OFFICE BOX)	felm Harbor, FC 34685
5/14/08 3. Date of filing/registration in Florida	L08000048313 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Marc L Russell
Registered Office Address:	Palm Harbor, FL 34685
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Marc L Russell
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Palm Flackor FL 34685
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identicability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the organized agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the panal I am familiar with and accept the obligations of my panal I am familiar with and accept the obligations of my panal I am familiar with and accept the limited liability company. Signature of Registered Agent	Florida street address of the registered office nical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. AHASSEE FLORIDA PRINTED AND SEE

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