

LO8000050093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

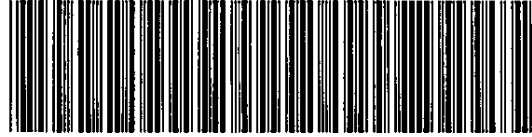
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800288388398

08/08/16--01018--012 \*\*25.00

16 AUG -8 PM 12: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 09 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nally Studios 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:

Nancy Nally  
Name of Person

Nally Studios LLC  
Firm/Company

18 Bud Hollow Drive  
Address

Palm Coast, FL 32137  
City/State and Zip Code

nancy@nallystudios.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Nally at ( 386 ) 679-4354  
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

\$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 605.0114 or 605.0116, 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: Nally Studios LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
 \_\_\_\_\_  
 \_\_\_\_\_

3. 5/19/2008 Date of filing/registration in Florida 4. L08000050093 Document number

5. (a) Nancy Nally  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
389 Palm Coast Parkway SW  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
STE 4  
Palm Coast, FL 32137

(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
18 Bud Hollow Drive  
**NEW Registered Office Address:**  
 \_\_\_\_\_  
Palm Coast, FL 32137

16 AUG -8 PM 12: 22  
 RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

Nancy Nally  
 Signature of a member or authorized representative of a member

Nancy Nally  
 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 605, 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.*

Nancy Nally  
 Signature of Registered Agent