## L08000058089

(Requestor's Name)				
(Address)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special instructions to Filing Officer:				
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SECRETARY OF STATE

J. BRYAN

FEB 1 2 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: East	gate Productions IIc		
	Name of L	imited Liability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing	g.	
Please	e return all correspondence concerning	this matter to the following:		
	Jason P. Fuhlbruck			
	Name of Person	A	<b>=</b>	
		LA	<u> </u>	
	Eastgate Productions lic		œ	
	Firm/Company	SSE		
		0,0	2	
	PO Box 301126		•	
	Address	PATE PRID	EB !! PM !: 44	
		<b>&gt;</b>	_	
Fern Park, FL 32730-1126				
	City/State and Zip Code			
	finance@eastgatepro.com			
Finance@eastgatepro.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Jason P. Fuhlbruck	at ( 321 ) 206.5150		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	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.

Name of the limited liability company:	Eastgate Productions Ilc		
2. (a) Principal office address of limited liability compar	Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	1540 Barking Deer Cv. Casselberry, FL 32707		
(b) Mailing address of limited liability company:			
_[√] ( <u>Note: MAY BE POST OFFICE BOX</u> )	PO Box 301126 Fern Park, FL 32730-1126		
12 June 2008	L08000058089		
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:	Jason P. Fuhlbruck		
Registered Office Address:	1540 Barking Deer Cv. Casselberry, FL 32707		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	EFF STATE		
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 or authorized representative or a member.  Jason P Fuhlbruck  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 any 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.  Signature of Registered Agent			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			