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L08-59496 Change of RA



N. CAUSSEAUX

5 2008

EXAMINER

COVER LETTER

_	stration Section ion of Corporations		
SUBJECT:	<u>Caputo</u> f	(Name of Limited Liability Company)	
Dear Sir or N	/ladam:	۳	
The enclosed	Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.	
Please return	all correspondence cor	ncerning this matter to the following:	
Jorg	(Name of Person)	do	
<u>Di 92</u>	Pus Targ	JUP	
100 S.E	E·2nd St., Su (Address)	lite 2 400	
Mia	Mi, FL 33131 (City/State and Zip Co	ode)	
For further ir	formation concerning t	this matter, please call:	
Jorge	(Name of Person)	at (<u>305</u>) <u>375 - 9220</u> (Area Code & Daytime Telephone Number)	
Regist Divisi Clifto 2661 I	ET/COURIER ADDRE ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclo	sed is a check for the	following amount:	
□ \$2:	5 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:	productions, uc
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 7101 N.W 111 AVE POTA), FL 33178
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	901 Brickell Key Brbyd. Unit 1202 Migmi, FL33131
04/17/2008	L08000059496 EB
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:	Jorge R. Salcedo To
Registered Office Address:	901 Brickell Keystyde Unit 1202 Miami, Flasiai
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	USH register Agent Services, INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 S.E 2Nd St. Suite 2400 1 MIGMI ,FL 33131
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business
(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 a comply with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the timited trability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
(Signature of Registered Agent)	

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