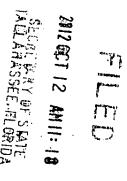
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(Requestor's Name)			
(Address)			
		•	
(Address)			
(City	/State/Zip/Phone	#)	
			
PICK-UP	WAIT	MAIL	
		•	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
A. LUNT			
	M. LU		
OCT 1 2 2012			
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: High Block Enter Name of Limited	tainment LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Scott MacDonald Name of Person	22 12 8CT	
High Black Entertainment Firm/Company	ELAMASSEE, FLORID	
5077 Fruit ville Rd #150 Address		
Sarasota, FL 34232 City/State and Zip Code		
E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, plea	ase call:	
Scott MacDonald at (Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301		
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.

ageni, or voin, in the state of Ftortaa.	_
1. Name of the limited liability company: High 13	Slak Entertainment LLC
2. (a) Principal office address of limited liability compan	y: 5077 Fruitville Rd #150
(Note: MUST BE STREET ADDRESS)	Sarasota, FL 34232
(b) Mailing address of limited liability company:	Same as Above
(Note: MAY BE POST OFFICE BOX)	A 2 2
07/07/2008	1080006541 = =
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 MacDonal
Registered Office Address:	10414 Old Grove Circle Bradenton, FL 34212
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Scott MacDonald
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5077 Fruitville Rd #150
MUST BE PEURIDA STREET ADDRESS	Sarasota ,FL 34232
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 hereby 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.	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorised representative of a member	_
Scott Madonald	
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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.

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

Signature of Registered Agent