Florida Department of State

Division of Corporations Public Access System

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Account Name : SERGIO A PAGLIERY PA

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REGISTERED AGENT CHANGE

MOISE PRODUCTIONS, LLC

Certificate of Status	0
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#0900013114723 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08. Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:MC	DISE PRODUCTIONS, LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	12947 Equestrian Trail Davie, Florida 33330
(b) Mailing address of limited liability company:	8788 S.W. 8th Street
(Note: MAY BE POST OFFICE BOX)	Miami, Florida 33174
July 7, 2008	L08000065446
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:	Dr. Guy Moise
Registered Office Address:	12947 Equestrian Trail Davle, Florida 33330
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Company Management Services, LLC	
NEW Registered Office Address:	8788 S.W. 8th Street
(MUST BE FLORIDA STREET ADDRESS)	Miami ,FL33174
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 of a member Printed or typed name of signes 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 files, 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. Limital	
Signature of Registered Agent COMPANY MANAGEMENT Division of Corporations, P.O. Box 63 FILING FEE: S	327, Tallahassee, FL 32314
INHS18 (05/08) # 0 7000 / 2	

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