

LD8000089/88

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

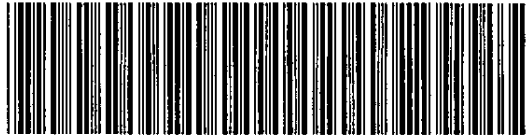
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/31/15--01006--010 **25.00

FILED
15 AUG 31 PM 10:24
CLERK OF DISTRICT COURT
HONOLULU

SEP 02 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

CRYSTAL DRAGON ENTERPRISES, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID A. CORPORON

Name of Person

SMASH! COMICS AND GAMES

Firm/Company

196 TOWNE CENTER CIRCLE

Address

SANFORD, FL 32771

City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID A. CORPORON

407

324-1801

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 AUG 31 PM 6:26
TALLAHASSEE, FL

**TO
ARTICLES OF ORGANIZATION
OF**

CRYSTAL DRAGON ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/19/2008 and assigned
Florida document number L08000089488

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SMASH COMICS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

196 TOWNE CENTER CIRCLE

SANFORD, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

196 TOWNE CENTER CIRCLE

SANFORD, FL 32771

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JONATHAN L. INNES

New Registered Office Address:

617 E. COLONIAL DRIVE

Enter Florida street address

ORLANDO

, Florida 32803

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID A. CORPORON	196 TOWNE CENTER CIRCLE	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM CLAR	196 TOWNE CENTER CIRCLE	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	LESLEY J. HORWARTH	196 TOWNE CENTER CIRCLE	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 31 PM 4:25

FILED

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

FILED
15 AUG 31 PM 4 20
FBI - MEMPHIS