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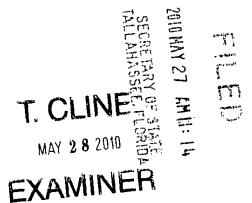
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COVER LETTER

TO: Registration Section Division of Corporat				
SUBJECT: B2B	Studios LLC Name of Limited	d Liability Company		
Dear Sir or Madam:				
The enclosed Registered Ag	ent/Registered Office	Change and fee(s) are submitted	l for filing.	
Please return all corresponde	ence concerning this m	natter to the following:		
Brad Blackbu	DW.			
	of Person		ر س	
			2010 HAY 27 AM N: 14 SECRETARY OF STATE TALLAND SSEE, FLORIDA	
B2B Studie	s, llc		超量	
Firm/C	ompany		21 21	
			SHO HE	
16520 S. Tamie	smitel #138-2	.12	E. FLORE	
Addr	ress		至 :	
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Foot Myers FL	33908			
Foot Mycas FC City/State a	ınd Zip Code			
bead got wail (2) E-mail address: (to be used for	Janail Com future annual report notificati	on)		
For further information cond	cerning this matter, ple	ase call:		
Brad Blacklova	wat (_	239 628-3438		
Name of Person		Area Code & Daytime Telephor	ie Number	
STREET/COURIER	ADDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporation	ons	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center	r Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32		• • • • • • • • • • • • • • • • • • • •		
Enclosed is a check	for the following amo	ount:		
\$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. BZB Studios, LCC 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 408000109031 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 Bead Blackburn 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 and 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, thereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent