

LO9000007404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

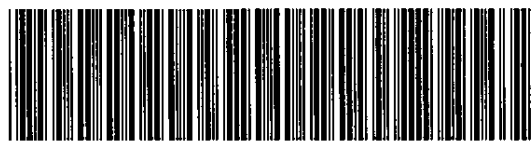
(Business Entity Name)

(Document Number)

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13 OCT 15 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 17 2013  
T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AntPro Entertainment, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Dixon

Name of Person

AntPro Entertainment LLC

Firm/Company

3450 Gulfview Dr

Address

Hernando Beach FL 34607

City/State and Zip Code

mannndii@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Dixon

Name of Person

at ( 352 ) 585-3901

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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.

1. Name of the limited liability company: AntPro Entertainment LLC

2. (a) Principal office address of limited liability company: 9220 Bonita Beach Rd  
#210  
Bonita Springs FL 34135  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

1/23/2009

LO9000007

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:

Amanda Dixon

Registered Office Address:

3450 Gulfview Dr  
Hernando Beach FL 34607

(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)*

3450 Gulfview Dr  
Hernando Beach, FL 34135

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.

Amanda Dixon  
Signature of a member or authorized representative of a member

Amanda Dixon  
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, I hereby confirm that the limited liability company has been notified in writing of this change.

Amanda Dixon  
Signature of Registered Agent

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

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