L09000021866

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000163676820

01/08/10--01015--016 **25.00

HILED

10 JAN-8 PH 12: 48
SECRETARY OF STATE
AHASSEF FLORID

D. BRUCE
JAN 11 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Andry Apple Productions 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:
Julio Hallivis Name of Person Angry Apple Productions
16 97 SE 4th Court Address Address
Deerfield Beach FL 33441 City/State and Zip Code Julio HAllivise yahoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tulio HAllivis at (561) 350 4387 Name of Person 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 & 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. Angry Apple productions 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) L09000021866 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Delray Beach (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. member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. If wither agree 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 a special for the Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the redistered office address, I hereby confirm that the limited liability company has been notified in writing of this shange.

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

Signature of

Agent