Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

Phone

: (561)694-1639

Fax Number

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE IN FLIGHT PRODUCTIONS, LLC

Certificate of Status	0
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R. WHITE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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, Na	ame of the limited liability company: IN FLIGHT	PRODUCTIONS, LLC
2. (a)	555 NE 185TH STREET	(b) 555 NE 185TH STREET
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 201	SUITE 201
	MIAMI, FL 33179	MIAMI, FL 33179
	09/04/2009	L09000086354
3.	Date of filing/registration in Florida	4. Document number
5. (a)	M&M RA Services, LLC	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3001 SW Third Avenue		
	Registered Office Address (MUST BE FLORIDA STRE	7
	Miami	FL 33129
(b)	Corporate Creations Network Inc.	FL OV 24
	Enter name of NEW Registered Agent and/or NEW Regist 11380 Prosperity Farms Road #221E NEW Registered Office Address:	red Office address:
	Palm Beach Gardens	FL 33410
the cha	ange or thanger are made, the Florida street address	laws of the State of Florida, it is hereby confirmed that after s of the registered office and the business office of the registered d liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.
		Kristine Duran, Attorney-in-Fact
-	mit dia member or syldorized representative of a member	Printed or typed name of signee
I here provisi the ob- to med notifie	by ackept the arthointment as registered agent and ions shall statifies relative to the proper and complication. The position as registered agent as provely reflect a change in the registered office addressed in whiting of this change.	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accept idea for in Chapter 605, F.S. Or, if this document is heing filed , I hereby confirm that the limited liability company has been
- (re of Scuistered Agenty Kristine Dur	an, Special Secretary
		D. Box 6327• Tallahassec, FL 32314 G FEE; \$25.00

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