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C. LEWIS

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EXAMINER

COVER LETTER

> Division of Corporations Cheap Thrill Productions LLC **SUBJECT:** 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: Lori Anderson C.P.A. Name of Person Anderson Financial Services Inc. Firm/Company 132 Via Rosina Address Jupiter, FL 33458 City/State and Zip Code andersonfinser@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Anderson C.P.A. Name of Person Arca Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO: 'Registration Section

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.

ageni, or both, in the state of Fibrial.		
Name of the limited liability company:	heap Thrill Productions LLC	
2. (a) Principal office address of limited liability cor	mpany: 132 Via Rosina	
(Note: MUST BE STREET ADDRESS)	Jupiter, FL 33458	
(b) Mailing address of limited liability company:	132 Via Rosina	
(Note: MAY BE POST OFFICE BOX)	Jupiter, FL 33458	
10-21-09	L09000101701	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show		
Registered Agent:	Recolon Jumpp - Limitless Enterpris	
Registered Office Address:	104 Baywood Ave, Suite 14 Elements 14 Elem	
(b) Enter name of NEW Registered Agent and/o		
NEW Registered Agent:	Lori Anderson C.P.A.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Jupiter ,FL 3345 &	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization	
Signature of a member or authorized representative of a member		
Ryan Anderson Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to 1 and 1 am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.	

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