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(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT MA	IL			
(Business Entity Name)					
(Document Number)					
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J. SAULSBERRY EXAMINER DEC 21 2010

COVER LETTER

Division of Corpo	rations				
			•		
SUBJECT:	Cool Bea	am Productions			
Name of Limited Liability Company					
Dear Sir or Madam:					
Dear Sir of Madam.					
The enclosed Registered	Agent/Registered Office (Change and fee(s) are submitted for	or filing.	•	
Please return all correspo	ndence concerning this ma	atter to the following:			
		,			
	son Roland ne of Person				
Cool Po	am Productions				
Fire	n/Company				
	ns Gate Blvd. Suite 230				
Champio	ns Gate, Fl 33896 te and Zip Code		NILAHA MENJAN	2010 DEC 20	, kar/
City/Sit	ie and zip code		SSEE FANA		
E-mail address: (to be used	eamproductions com for future annual report notification	n)		PM -:	Ę,
For further information c	oncerning this matter, plea	ase call:	17. IT.	56	
Jason Ro		863) 242-1224	·		
Name of Pers	on	Area Code & Daytime Telephone	Number		
STREET/COURI	ER ADDRESS:	MAILING ADDRESS:			
Registration Section	n	Registration Section			
Division of Corpora	ations	Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Cer Tallahassee, Florida		Tallahassee, Florida 32314			
rananassee, Fronto	1 32301				
Enclosed is a che	ck for the following amo	ount:			
\$25 Filing Fee		\$55 Filing Fee & Certified C	Сору		

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.

Name of the limited liability company:	Cool Beam Productions	
2. (a) Principal office address of limited liability company	y: 8297 Champions Gate Blvd	
(Note: MUST BE STREET ADDRESS)	SUITE #230	
(Note: MUST BE STREET ADDRESS)	Champions Gate, Fl 33896	
(b) Mailing address of limited liability company:	8297 Champions Gate Blvd	
(Note: MAY BE POST OFFICE BOX)	SUITE #230	
	Champions Gate, FI 33896	
8:00 AM. April 28th 2010	L10000045481	
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:	Elisa M Goad	
Registered Office Address:	8297 Champions Gate Blvd	
regional office readous.	SUITE #230	
	Champions Gate, FI 33896	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Jason H Roland	
NEW Registered Agent.	<u>Casoff Ff Florand</u>	
NEW Registered Office Address:	8297 Championgs Gate Blvd	
(MUST BE FLORIDA STREET ADDRESS)	SUITE #230	
	Champions Gate ,FL33896	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Elisa M Goad Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision of all statutes relative to the provision of the obligations of my portugated to the obligations of the provision of the obligation of the provision of the provision of the obligation of the provision of the provisi	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
//w	v has been notified in writing of this chänge.	
Signature of Registered Agent		

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