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T. HAMPTON

APR 14 2011

EXAMMET

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CINEVAMOX SPECIAL VOMES 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:		
Lance Joseph Lance Joseph Attorney		
Maucus Centre 9990 SW 7744 Av. PH18		
Address Miam FL 33/56 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Lauce Joseph at 305 596 - 610 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		
INHS18 (5/08)		

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	98, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company: CiWe	varnax Special Venues LL
2. (a) Principal office address of limited liability company	: 10 SW South Pairer Drive#1
(Note: MUST BE STREET ADDRESS)	Miani FC 33130
(b) Mailing address of limited liability company:	10 Sw South Riew Dr. #1
(Note: MAY BE POST OFFICE BOX)	Miany PL 33/30
5/14/2010	L1000005293Z
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Pieter Montoulieu
Registered Office Address:	2971 Poinciona St
	Naples FL 39105
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	Registered Office address:
NEW Registered Agent:	LANCE JOSEPH ESQ. P.A.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9990 S.W. 77TH AVE. ———————————————————————————————————
(MOST BE PEORIDA STREET ADDRESS)	MIAMI, FLORIDA 33156_,FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fleand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Printed or typed name of signed	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 508, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for the ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	F CO
-Division of Corporations, P.O. Box 632 FILING FEE: \$2	· · · · · · · · · · · · · · · · · · ·
INHS18 (05/08)	5.00 STATE 9RATH 43