L10000083101

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT, MAIL
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JEECRELARY OF STATE

C. LEWIS
FEB 1 6 2011
EXAMINER

COVER LETTER

TO: Registration : Division of C			•		
en e .					
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:			
		John Wick			
		Name of Person			
Insurance Office of America, Inc.					
		Firm/Company			
1855 West State Road 434					
		Address			
Longwood, FL 32750					
		City/State and Zip Code			
	jo	hn.wick@ioausa.com to be used for future annual report notific			
			cation)		
For further information	concerning this matter, please of	call:			
	John Wick	at (40 7 .)	788-3000		
Name of Person		at (407) Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

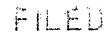
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2011 FEB 15 AM H: 88

Box Offic (Name of the Limited Liability (A Florida L	e Intelligence, LLC Company as it now appea imited Liability Company)	SECRE (ARY rs on our records de l	OF STATE: E.FLORIDA	
The Articles of Organization for this Limited Liability Conference L10000083101	ompany were filed on	8/9/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company her	<u>·e</u> :		
Box	Office IQ, LLC			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
, Florida				
	City		Zip Code	
B. The transfer of the second of the second				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			——————————————————————————————————————
			Add Remove
			AddRemove
	 		AddRemove
	<u> </u>		Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional she	ets, if necessary.)
	-		ZOLIFEB 15 AM
Dated	February 14		EFOR STAIL
	Signature	e of a member or authorized representative of a me	ember
		John Wick	
		Typed or printed name of signee	

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Filing Fee: \$25.00