L110000024315

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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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DEPARTMENT OF STATE

2013 OCT 3 D AM IO: 22 SECRETARY OF STATE

OCT 3 1 2013 T. HAMPTON



IUN SENVICE CUMPANI						
	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	862113	7962622		
	AUTHORIZATION	:		1		
	COST LIMIT	:	\$ 25,000	Elenan		
	October 28, 2013					
ORDER TIME :	10:40 AM					
ORDER NO. :	862113-010					
CUSTOMER NO:	7962622					
		-				
CHANGE OF AGENT						
NAME:	JOE AND MIKA I L.L.C.	PROI	OUCTIONS,			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIF						
CONTACT PERSON	I: Susie Knight -	I	EXT# 52956			
			EXAMINER:			

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.

1. N	ame of the limited liability company: JOE AND MIK	A PRODUCTIONS, L.L.C.	
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: 226 South P	enterfox.
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	226 South Da Fensacola FL 1111 32502	mufox Heor
2/25/	2011	L11000024315	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	a) Registered Agent and Registered Office shown or	n the records of the Florida Dep	t. of State:
	Registered Agent:	LOZIER, DANIEL R	
	Registered Office Address:	24 W. CHASE STREET	
		PENSACOLA, FL 32502	7 SE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address	OCT 3
	<u>NEW</u> Registered Agent:	Corporation Service Company	SEL B
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	- F. S. S. C. C.
		Tallahassee	,EI -3230N
confinand the liabilithe method the or	limited liability company is not organized under the med that after the change or changes are made, the ne business office of the registered agent will be ider ity company, it is hereby confirmed that the change embers of the limited liability company or as otherworking agreement of the limited liability company. The Scendovicum	Florida street address of the reg ntical. Or, in the case of a Flori s) was/were authorized by an af	istered office da limited Tirmative vote of
V	ork/ped name of signee	— agree to act in this capacity. I	further agree to
compland I Chapt addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the plan familiar with and accept the obligations of my plan 608 F.S. Or, if this document is being filed to mess, I hereby confirm that the limited liability compaints	roper and complete performant osition as registered agent as p erely reflect a change in the re- ny has been notified in writing to Sue G. Khight Assistant Vice President	ce of my duties, provided for in gistered office of this change.
Signan	/ N// / / T/ / //N/ .	1 I K Dennidant	

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