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PALLAHASSEE, FLORIDA

B. BOSTICK
FEB 1 4 2012
EXAMINER

COVER LETTER

To: Registration Section Division of Corporations	
SUBJECT: Sefoh Enter- Name of Limited L	tainment, LLC iability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Dawn Davis - Laubhe Name of Person	
Rochart Law Fir	<u>m</u>
9480 Corkscrew Palms	· Circle, sulle 3
Address	المراجعة المراج
Estero, FL 33728 City/State and Zip Code	ARASSET
rocuantlaw @ Vahoo.com	Fit 4: 09
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please	e call:
Dawn Davis - Laubleimer Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee Florida 32301	
Enclosed is a check for the following amoun	nt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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	
1. Name of the limited liability company:Setol	n Entertainment, LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	9480 Corkscrew Palms Circle Sulte 3, Estero, FL 33928
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	9480 Corkscrew Palms Wiele Suite 3, Estero, FL 33928
04/05/2011	P98000000731
3. Date of filing/registration in Florida	4. Document number 1100056561
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: Paul Rocuant Pocuant Law Firm 9480 Corkscrew Patms, Circle Sol
	Estero ,FL 33928
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 iden liability 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.	lorida street address of the registered office tical. Or, in the case of a Florida limited has limited and a street authorized by an affirmative vote.
Signature of a member or authorized representative of a member	121
PANL ROCUANT	AHA EB
Printed or typed name of signee	— CO
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is heing filed to me address, I hereby confign that the limited liability company	agree to act in this capacity. I further agree to

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

Signature of Registered Agent