L11000064072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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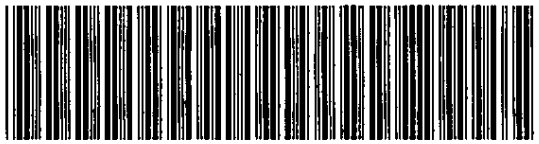

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TALLAHASSEE, FLORIDA

FEB 29 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIAD PRODUCTIONS 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:

Stacyl Kirk

Name of Person

TRIAD PRODUCTIONS LLC

Firm/Company

5036 DR. Phillips Blvd Ste 202

Address

ORLANDO FL 32819

City/State and Zip Code

~~E-mail address: (to be used for future annual report notification)~~

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For further information concerning this matter, please call:

Stacyl Kirk at (321 356-2001)

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company:
TRIAD PRODUCTIONS LLC

2. (a) 5036 PR. Phillips Blvd
Principal office address of limited liability company:
(***Note: MUST BE STREET ADDRESS***) Ste 202

Orlando, FL 32819

(b) 5036 Dr. Phillips Blvd
Mailing address of limited liability company:
(***Note: MAY BE POST OFFICE BOX***) Ste 202

ORLANDO, FL 32819

3. Date of filing/registration in Florida 6/10/2011

4. Document number L11000064072

5. (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Stacy Kirk

Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***
823 Camargo Way #4-105
Altamonte Spgs, FL 32714

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

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TALLAHASSEE, FLORIDA

: Stacyl Kirk

NEW Registered Office Address:

5036 Dr. Phillips Blvd Ste 202

ORLANDO 32819

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Stacyl Kirk

Printed or typed name of signee

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 605, 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.

Signature of Registered Agent

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

FILING FEE: $25.00

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