

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000138696

Entity Name: CHIYOGA STUDIOS, LLC

**FILED**  
**Oct 14, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

15615 N. HIMES AVE.  
TAMPA,, FL 33618

**New Principal Place of Business:**

3845 NORTHDAL BLVD  
TAMPA, FL 33624

**Current Mailing Address:**

15615 N. HIMES AVE.  
TAMPA,, FL 33618

**New Mailing Address:**

3837 NORTHDAL BLVD, #265  
TAMPA, FL 33624

FEI Number: 45-4041231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHICKEL, MARY B  
15615 N. HIMES AVE.  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

SCHICKEL, MARY B  
3837 NORTHDAL BLVD., #265  
TAMPA, FL 33624 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY BENITTA SCHICKEL

10/14/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHICKEL, MARY B  
Address: 3837 NORTHDAL BLVD., #265  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY BENITTA SCHICKEL

OWNE

10/14/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date