1200001984

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(JAN <u>–</u> 8 2013				
L. SELLERS				

Office Use Only



700242166277

01/07/13--01023--030 **25.00

13 JAN -7 PH 3: 54

COVER LETTER

Registration Section TO: Division of Corporations Dancing Frog Productioons IIc 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: Glynn Ferguson Name of Person **Dancing Frong Productions** Firm/Company P.O.Box 701088 Address St.Cloud, FL 34770 City/State and Zip Code fergusonfive@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Glynn Ferguson Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Nam	ne of the limited liability company: Dancing Frog Product	ions LLC.		
2. (a)	Principal office address of limited liability company			
	(Note: MUST BE STREET ADDRESS)	Kissimmee, FL 34744		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O.Box 701088 St. Cloud, FL 34770		
05/07/12		L12000061984		
	e of filing/registration in Florida	J. Document number		
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florida De	ept. of State:	
	Registered Agent:	Lynne Miller		
	Registered Office Address:	1661 Taylor Ridge Loop Kissimmee, FL 34744		
			484.	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address :				
	NEW Registered Agent:	Glynn Ferguson		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1661 Taylor Ridge Loop		
		Kissimmee	,FL34744	
confirm and the liability the mer the ope	mited liability company is not organized under the land that after the change or changes are made, the Flobusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise rating agreement of the limited liability company. The state of a member or authorized representative of a member	orida street address of the re cal. Or, in the case of a Flo was/were authorized by an	egistered office orida limited affirmative vote of	
Glynn Fer		-		
I hereh comply and I an Chapte address	r typed name of signee by accept the appointment as registered agent and age with the provisions of all statutes relative to the proving my pose or 608, F.S. Or, if this document is being filed to men or 608, Thereby confirm that the limited liability company or 608 of Registered Agent	ree to act in this capacity. per and complete performa ition as registered agent as ely reflect a change in the i has been notified in writing	I further agree to ince of my duties, is provided for in registered office g of this change.	

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