

# L13000167169

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

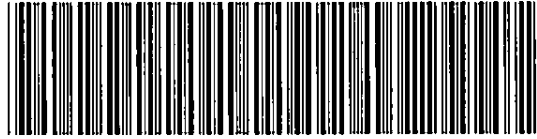
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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CERTIFIED COPY \_\_\_\_\_

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CHANGE OF RA \_\_\_\_\_

1. STEAMROLLER STUDIOS LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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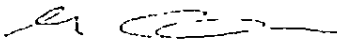
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: STEAMROLLER STUDIOS LLC
2. (a) 301 North Baker Street Suite 211  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Mount Dora, FL 32757
- (b) 301 North Baker Street Suite 211  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Mount Dora, FL 32757
3. 01/01/2014 Date of filing/registration in Florida
4. L13000167169 Document number
5. (a) JALIL SADOOL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
301 North Baker Street Suite 211  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
Mount Dora, FL 32757
- (b) Telos Legal Corp.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**  
155 Office Plaza Dr  
**NEW** Registered Office Address:  
Tallahassee, FL 32301

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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.

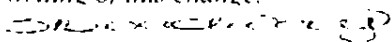


Signature of a member or authorized representative of a member

Mark Cleaver

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