## 2-1400006/187

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SECRETARY OF STATE

K. SALY EXAMINER JAN 11

## **COVER LETTER**

Division of Corporations			
SUBJECT: Jetstream Prog Name o	f 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 m	natter to the following:		
Allen Patterson Name of Person			
Jetstream Producti Firm/Company	ws :		
Po Box 3244 Address			
Okee Chobee FL 349 City/State and Zip Code	<del>73</del>		
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, ple	ease call:		
Allen Patterson Name of Person	at ( <u>863</u> ) <u>532-8450</u> Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section 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. Na	nme of the limited liability company:	stream	Productions LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Okcedobee, FL 34974		Okeechobee, FL 34973
	04/15/2014		L14000061187
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Bedy Williamson		
	Registered Agent and Registered Office shown on the records	of the Florida l	Dept. of State:
	Jetstream Productions	LLC	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	_
			2016 JAN -8 PH 5: 31 TALLAHASSEE, FI ORIG
		Ei	T E T
		FL	
(b)	Becky Williamson		1355 - A
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	dressy P
			- 50 ci
	309 SW 15th St		<u> </u>
	NEW Registered Office Address:		<i>"</i> *
	Okeechobee, FL 34974	· · · · · · · · · · · · · · · · · · ·	<del></del>
	·		
		FL	AND A STATE OF THE
the cha agent v was/we	imited liability company is not organized under the unge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the street authorized by an affirmative vote of the member cless of organization or the operating agreement of the street authorized by an affirmative vote of the member cless of organization or the operating agreement of the street authorized by	of the regist l liability corrs of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.
	Cle		Allen latterson
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and cons of all statutes relative to the proper and compligations of my position as registered agent as provide reflect a change in the registered office address in writing of this change.	agree to act i ete performa ided for in Ci , I hereby coi	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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

Signature of Registered Agent