## LIUOCOIO3401

		-			
(Requestor's Name)					
(Address)					
(Address)					
,					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Do	cument Number	<u> </u>			
Certified Copies	·				
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT NOV 8 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: BEAR STATE FILMS LLC		-		
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change an	nd fee(s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to th	e following:		
ANNA MANUKYAN				
Name of Person				
ROCKET LAWYER				
Firm/Company		<del></del>		
5850 GRANITE PKWY STE 215				
Address		<del></del>		
PLANO, TX 75024				
City/State and Zip Code		<del></del>		
davidtilstrafilms@gmail.com				
E-mail address: (to be used for future and	nual report not	ification)	75 5	
For further information concerning this matter	, please call:			
ANNA MANUKYAN	844 at (	286-0178	ASSE -1 F	
Name of Person		Area Code & Daytime Telepl	none Number STATE	
STREET/COURIER ADDRESS:	N	MAILING ADDRESS:	927	
Registration Section	Registration Section		렇게 그	
Division of Corporations	Division of Corporations		-	
Clifton Building		.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	51 Executive Center Circle Tallahassee, Florida 32314 lahassee, Florida 32301			
Enclosed is a check for the following	g 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.

l.	Na	me of the limited liability company: BEAR STATE	FILMS	LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  274 DUBSDREAD CIRCLE	_ (b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  UBSDREAD CIRCLE
		ORLANDO, FL 32804	- -	ORLA	NDO, FL 32804
		06/27/2014		L14000	0103401
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	DAVID TILSTRA			
		Registered Agent and Registered Office shown on the records of the 274 DUBSDREAD CIRCLE	e Florida	Dept. of St	ate:
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	Į	
		ORLANDO, FL_3	2804		
	(b)	LEGALINC CORPORATE SERVICES INC.			70 <b>6</b>
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ado	lress:	
		5237 SUMMERLIN COMMONS, SUITE 400			TLED MILLER
		NEW Registered Office Address:			
				<u>.</u>	- FOR 1.
		FORT MEYERS , FL 3	3907		
the age was	cha nt w s/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	ne regis ility co the lim	tered offi mpany, it ited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
		David Tilstra	DA	VID TILS	
	-	are of a member or authorized representative of a member		_	Printed or typed name of signee
I h pro the to r not	ereb visio obli nere ified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C ereby co	in this ca ince of m Thapter 60 infirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Sig	natur	e of Registered Agent			