(Requestor's Name)				
•				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
_	<u> </u>			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Consist Instructions	to Filing Officer			
Special Instructions to Filing Officer:				
}				
		!		

Office Use Only



100286989661

06/28/16--01016--020 **55.00

JUN 2 9 7016

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: Ram Ran Pro	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Fran / Evamo Name of Person	to the supplement of the same .			
Name of Person				
Ram Ran Productions Firm/Company				
Firm/Company	•			
424 E Central Blud -	#223			
Address				
Orlando FL 3280/-196 City/State and Zip Code	24			
E-mail address: (to be used for future annual	75. Com al report notification)			
For further information concerning this matter, p				
Frank Erama Name of Person	at (407) 443. 9925 Area Code & Daytime Telephone Number			
Name of Person	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			

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.

1.1011at	<i>4</i> .		
1. Na	ame of the limited liability company: <u>Ram Ra</u>	n Producti	ions
2 (a)	424 E Central Blvd #223	(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando FL 32801-1924		
			<u> </u>
	6/26/15	۷	15000110352
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Mark Doster		
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	State:
	424 & Central Blud #223		
	Registered Office Address MUST BE FLORIDA STREET	(DDRESS)	
	Orlando ,FL	32801	
(b)	Orlando ,FL Frank Eramo		
(0)	Enter name of NEW Registered Agent and/or NEW Registered		
	424 E Central Blud #223		LL AH. E. J. J. S.
	NEW Registered Office Address:		- Sy N
	Orlando ,FL	32701	
If the li	imited liability company is not organized under the lav	us of the State of	FFlorida it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of	the registered of	ffice and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	ability company, of the limited liab	it is hereby confirmed that the change(s)
the arti	cles of organization or the operating agreement of the	limited liability	company.
_	Trank Erano ture of a member or authorized representative of a member		Frank Eramo Printed or typed name of signee
поприес —	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing of this change.	ee to act in this of performance of it for in Chapter hereby confirm the	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatur	re of Registered Agent		
ווואוועונ	IC OF NEW MEETER ARCHI		