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INHS18 (2/14)

TO:	-	ACK PELLEK	
10;	Registration Section		
	Division of Corporations		
SUBJ	ECT: FILMAC	RUIN LL C mited Liability Company	
	Name of Li	mited Liability Community	
Dear	Sir or Madam:	Company	
- 110	enclosed Registered Agent/Registered Office Ch	lange and fee(s) are submitted for EV-	
Plea	se return all correspondence concerning this ma	B = 10 100(3) are subtritted for filing.	
	this ma	tter to the following:	
و الماريخ الما	$\Delta \sim \Delta$		
	Transperto A Liverpor	Note that the second of the second of	
	Name of Person		. •
	T .,		
	FILMAQUIN, LL	_C	
<u>.</u>	FILMAQUIN, LL		
	15204 Shonan 6 Address	old Dr.	
ļ	Address		
1		_	
	City/State and Zip Code	<u>\ 347</u> 87	
	City/State and Zip Code	· 	
_	E-mail address: (to be used for future annual r	<u>~~~</u>	
ļ	E-mail address: (to be used for future annual)	report notification)	
For	r further information concerning this matter, ple	ase call:	
j			
<u> </u>	Humberto Liziano.	at (467) 455-3165 Area Code & Daytime Telephone Number	•
_	Name of Person	Area Code & Daytime Telephone Number	Emily 1
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	ı
1	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	i
1	2661 Executive Center Circle	Tallahassee, Florida 32314	,}
	Tallahassee, Florida 32301		
	Enclosed is a check for the following amo	ount:	

555 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.

i. Nam	e of the limited liability company:	FILM	a ouin LL	<u> </u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Winter Garden, H. 3	:	Mailing address of	Honan G limited liability com E POST OFFICE BO Arden, Pl	ipany:
	Date of filing/registration in Florida United STates C Registered Agent and Registered Office shown on the rece 13302 Winding Office Address (MUST BE FLORIDA STR	ak Covr	Document nu	<u>ao 338 4</u> mber c.	<u> </u>
	Tampa Humberto Liaian Enter name of NEW Registered Agent and/or NEW Regis 15204 Shana NEW Registered Office Address:	stered Office addres	2:	TALLAHAD SLIL FLUR	19 EEB -5 PM 6:
the char agent w was/wer	mited liability company is not organized under inge or changes are made, the Florida street add till be identical. Or, in the case of a Florida lim re authorized by an affirmative vote of the mem	fress of the regis nited liability cor nbers of the limit	State of Florida, it is he tered office and the bus npany, it is hereby conted liability company or	iness office of the i firmed that the char	registered nge(s)
Signatu	re of a member or authorized representative of a member or authorized representative of a member or accept the appointment as registered agent and as of all statutes relative to the proper and compations of my position as registered agent as provening of this change.		Printed or typed	I name of signee	
Signature o	of Registered Agent	-			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

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