Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		handa yaga amerikan kana da amerikan d	Ph.1	*RE-SU	IBIVIIT*
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COVER LETTER

	sion of Corporations		
SUBJECT:	RAVE MOTION PICTURES DESTIN	I, L.L.C.	
Soponer.		mited Liability Company	
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing	
Please retur	n all correspondence concerning th	nis matter to the following:	
	Name of Person		4
			7A SE 3
· · · · · · · · · · · · · · · · · · ·	Firm/Company		FILED BJAN 22 AM
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***************************************	Address		3 3
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	City/State and Zip Codu	····	10A
GMcClenton(Qumotheatres.com		
E-mail &d	dress: (to be used for luture unnual report not	ification)	
For further	information concerning this matter	; please call:	,
		برا التامندان و المراجع و	سبسب سرور و ۱۰ ۳۰۰ ۱۰۰۰ ۱۰۰۰ ۱۰۰۰ ۱۰۰۰ ۱۰۰۰ ۱۰۰۰
	Name of Person	Area Code & Daytime Telephone Number	·
Regi: Divis Clifto	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	hassee, Florida 32301	1 analysises, Profitta 32514	
Encl	osed is a check for the following	amount:	
C) \$2	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS 18 (5/08)			
09/2012 Wolters Kluwer Online		·	

01/52/5013 12:23 822232035

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: <u>RAVEMOTION</u>	N PICTURES DESTIN, L.L.C.
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 920 MAIN STREET KANSAS CITY MO 64105
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
11/21/2002	M02000003093
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept, of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	TALLAHASSEE FL 32301-2525 USE TO THE TALLAHASSEE
(b) Enter name of NEW Registered Agent and/or NE	77
NEW Registered Agent:	CT Corporation System 8
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road 577 N
124 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plantation ,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iderliability company, it is hereby confirmed that the change(the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited sy was/were authorized by an affirmative vote of wise provided in the articles of organization or
Varie M. Canana	
Kevin M. Connor Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my p. Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compared to T. Carporation System CT Carporation System Signature of Revistered Acent.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change. CONNIC BIVAN
Signature of Registered Agent Division of Corporations, P.O. Box 6. FILING FEE: S	3.Assistaat Secretaw

FLB15 - 1 UGS/2013 Wohers Kitcher Outline

INHS18 (05/08)



January 25, 2013

FLORIDA DEPARTMENT OF STATE

RAVE MOTION FICTURES DESTIN, L.L.C. Division of Corporations 2101 CEDAR SPRINGS ROAD SUITE 800

DALLAS, TX 75201

SUBJECT: RAVE MOTION PICTURES DESTIN, L.L.C.

REF: M02000003093

TALLANASSEE FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H13000018299 Letter Number: 513A00001916

RECEIVED

13 JAN 25 RH 4: 26

SECKETARY OF STATE
FALLAHASSEE. FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314



January 23, 2013

FLORIDA DEPARTMENT OF STATE

RAVE MOTION PICTURES DESTIN, L.L.C. 2101 CEDAR SPRINGS ROAD, SUITE 800 DALLAS, TX 75201

SUBJECT: RAVE MOTION PICTURES DESTIN, L.L.C.

REF: M02000003093

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13 JAN 22 AM 8: 22
SEURLINASSEE, FLORIDA

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II FAX Aud. #: H13000016248 Letter Number: 513A00001671

P.O BOX 6327 - Tallahassee, Florida 32314