

4MOS 000002637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

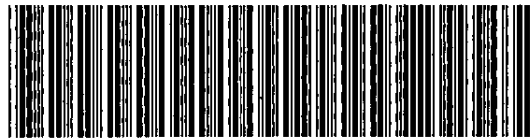
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TALLAHASSEE, FLORIDA
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2007

BRADFORD S. LOVETTE
1675 PALM BEACH LAKES BLVD. SUITE 700
WEST PALM BEACH, FL 33401

SUBJECT: AFF/ENT THEATRICAL, LLC
Ref. Number: M05000002637

We have received your document for AFF/ENT THEATRICAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 807A00026111

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AFF/ENT Theatrical, LLC

An Asgard Group Company

May 15, 2007

Ms. Leslie Sellers
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Letter Number: 807A00026111
Subject: AFF/ENT Theatrical, LLC
Ref. Number: M05000002637

Dear Ms. Sellers:

With regard to your letter dated April 18, 2007, enclosed please find an original Cover Letter and Statement of Change of Registered Agent or Both for Limited Liability Company for the above-referenced Subject.

We have previously submitted our check number 1050, in the amount of \$35.00, for the original filing fee for a Corporation filing, and would request a refund of \$10.00 be made payable and returned to the Subject Company.

Please do not hesitate to contact me should you have any questions.

Very truly yours,



Michele E. Adler
Executive Assistant/Office Manager

/mem
Encls.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFF/ENT Theatrical, LLC
(Name of Corporation)

DOCUMENT NUMBER: M05000002637

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradford S. Lovette
(Name of Contact Person)

AsgardHealth, LLC
(Firm/Company)

1675 Palm Beach Lakes Boulevard, Suite 700
(Address)

West Palm Beach, Florida 33401
(City/State and Zip Code)

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For further information concerning this matter, please call:

Michele E. Adler at (561) 868-1610
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFF/ENT THEATRICAL . LLC
(Name of 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 matter to the following:

MICHELE E. Adler
(Name of Person)

Asgard Health
(Firm/Company)

1675 Palm Beach Lakes Blvd, Ste 700
(Address)

West Palm Beach FL 33401
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MICHELE E. ADLER at (561) 868 1610
(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

INHS18 (8/05)

*\$10 refund due
See 4/19/07 letter*

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. The name of the limited liability company is: AFFIENT THEATRICAL LLC
2. The mailing address of the limited liability company is: 1675 Palm Beach Lakes Blvd
Suite 700 West Palm Beach FL 33401
3. Date of filing/registration in Florida 5/17/2005
4. Document number M05000002637

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Angell Corporate Services Inc

910 Edwards Angell Palmer & Dodge WP
Name
One North Clematis, Suite 400
Address
West Palm Beach FL 33401
City, State and Zip

6. The name and address of the new registered agent and/or office:

Asgard Group Inc.
Name
1675 Palm Beach Lakes Blvd #700
Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33401
City, State and Zip

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TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Bradford S. Lovette
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: ~~5.00~~