

MO6000000436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

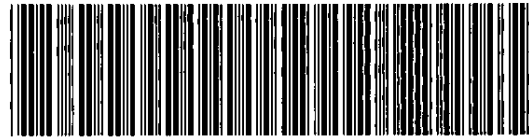
MO6-436

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 13 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Night Watch Entertainment Group LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Marsida Rajta**

Name of Person

Firm/Company

**3650 Gilmore Heights Rd**

Address

**Jacksonville, FL 32225**

City/State and Zip Code

**marsidar@hotmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Marsida Rajta**

Name of Person

at ( **904** )

**412-4520**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☒ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2011

MARSIDA RAJTA  
3650 GILMORE HEIGHTS ROAD  
JACKSONVILLE, FL 32225

SUBJECT: NIGHT WATCH ENTERTAINMENT GROUP, LLC  
Ref. Number: M06000000436

We have received your document for NIGHT WATCH ENTERTAINMENT GROUP, LLC and your check(s) totaling \$30.00. 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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 411A00015986

**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: NIGHT WATCH ENTERTAINMENT GROUP LLC  
2. (a) Principal office address of limited liability company: 8206 Phillips Highway Suite 6,7  
JACKSONVILLE, FL 32256  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3650 Gilmore Heights Rd N  
JACKSONVILLE, FL 32225

01/20/2006  
3. Date of filing/registration in Florida

4. Document number

MO6 000 0004

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

MISHEL Y. SHUMILOV

Registered Office Address:

11585 Alexys Forest Drive East  
JACKSONVILLE, FL 32258

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

MARSIDA RAJTA

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3650 GILMORE HEIGHTS RD N  
JACKSONVILLE, FL 32225

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.

M. Shumilov  
Signature of a member or authorized representative of a member

MISHEL Y. SHUMILOV  
Printed or typed name of signer

*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.*

M. Shumilov  
Signature of Registered Agent

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

FILING FEE: \$25.00