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COVER LETTER ·

TO:	Registration Section Division of Corporations		
SUB.		na Integrators, LLC	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning	this matter to the following:	
	Tripp Vitto, Esq.		
	Name of Person		
	SARAGA & LIPSHY, P.A.		
	Firm/Company		
	201 N.E. First Avenue Address		
	Delray Beach, Florida 33444 City/State and Zip Code	<u> </u>	
	mike.whalen@paragontheaters. E-mail address: (to be used for future annual report no	com tification)	
For fi	urther information concerning this matte	er, please call:	
	Tripp Vitto, Esq. Name of Person	at (561) 330-0660 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	g 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 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:	Cinema Integrators, LL	<u>.C</u>	
2.	a) Principal office address of limited liability company:			
	(Note: MUST BE STREET ADDRESS)	2016 Bethel Blvd. Boca Raton, Florida 334	86	
	(b) Mailing address of limited liability company:	<u> </u>		
	(Note: MAY BE POST OFFICE BOX)	2016 Bethel Blvd. Boca Raton, Florida 3348	36	
	05/24/2010	M100000023	45	
3.	Date of filing/registration in Florida	4. Document number	,	
5.	a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Agent:	Michael F. Whalen, Jr.	VISE VISE	
(ł	Registered Office Address:	2016 Bethel Blvd. Boca Raton, Florida 3348	RETAR S6 - PRETAR	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	SLPA, Inc.	PORATIONS	
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 N.E. First Avenue		
		Delray Beach	,FL <u>33444</u>	
cor and lial of or	the limited liability company is not organized under the infirmed that after the change or changes are made, the did the business office of the registered agent will be identified to the company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability comparature of a member or authorized representative of a member	Florida street address of the reg	gistered office	
	Robert S. Saraga			
	nted or typed name of signee			
I V cor and Ch add	nereby accept the appointment as registered agent and inply with the provisions of all statutes relative to the part I am familiar with and accept the obligations of my papter 608, F.S. Or, if this document is being filed to make the limited liability comparates.	agree to act in this capacity. I roper and complete performan osition as registered agent as p erely reflect a change in the re ny has been notified in writing	further agree to ce of my duties, provided for in gistered office of this chänge.	
Sig	nature of Registered Agent			