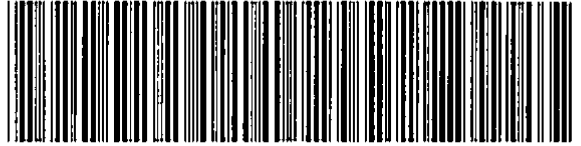


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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AUG 27 2019  
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COVER LETTER

TO: Registration Section,  
Division of Corporations

2019 AUG 26 PM 4: 51  
SECURITY  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

SUBJECT: David Nuckolls Productions, 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:

David Nuckolls

Name of Person

David Nuckolls Productions, LLC

Firm/Company

10920 Woodchase Circle

Address

Orlando, FL 32836

david@nuckollsproductions.com

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

For further information concerning this matter, please call:

David Nuckolls

Name of Person

at ( 404 ) 273-4856

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

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.

1. Name of the limited liability company: David Nuckolls Productions, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 10920 Woodchase Circle Orlando, FL 32836 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 10920 Woodchase Circle Orlando, FL 32836

06/14/2016 M16000005339

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 Solutions, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 155 Office Plaza Drive, Ste A Tallahassee, FL 32301

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

David Nuckolls NEW Registered Office Address: 10920 Woodchase Circle Orlando, FL 32836

2009 AUG 26 PM 4: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

David W Nuckolls 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 605, 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 of Registered Agent