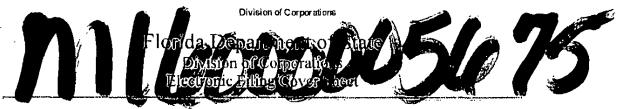
12/15/2016



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.

(((H160003068983)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

LLC REGISTERED AGENT CHANGE A POTS & PANS PRODUCTION, LLC

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Help

## COVER LETTER

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TO: Registration Section
Division of Corporations

A POTS & PANS PRODUCTION, LL	_C			
	of Limited	Liability Company	<del></del>	-
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change ar	nd fee(s) are submitted for filing	<u>.</u>	
Please return all correspondence concerning this	matter to th	e following:		
Dawn Zombeck				
Name of Person		<del></del>		
A POTS & PANS PRODUCTION, LLC		·		
Firm/Company				
15990 N. Greenway-Haydon Loop #190				
Address				
Scousdale, AZ 85260			SE TALL	2016
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		ORET	1016 DEC
DZombeck@duenorth-llc.com			388 X87	5
E-mail address: (to be used for future annu	al report not	tification)	$\frac{\omega}{\omega}$	U
For further information concerning this matter, p	olease call:		<b>第</b>	ŧΞ
Dawn Zombeck	480 at (	390-9401	IDA.	52
Name of Person	_ *** (	Area Code & Daytime Tele	phone Numb	er
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	. Б Ц Р	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check for the following a	ımount:			
<b>№</b> \$25 Filing Fcc		\$55 Filing Fee & Certified Cop	у	

INIIS18 (2/14)

## 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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. (a)	Principal office address of limited liability company:	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE HOX)
	15990 N. Greenway-Hayden Loop #190		
	Scottsdale, AZ 85260		
	07/14/2016	М1	16000005675
•	Date of filing/registration in Florida	4.	Document number
. (a)	r .		
	Registered Agent and Registered Office shown on the records of ALLEN, PATTI	the Florida Dep	ept. of State:
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	
	1200 W. RETTA ESPLANADE, SUITE 57A		
	PUNTA GORDA , FL	33950	2016 SEC TALL
a \			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	DEC 1.
			SS 5
	C T Corporation System	<del></del>	יי ביי
	NEW Registered Office Address:		
	1200 South Pine Island Road	<del></del>	
	Plantation, FL	33324	,
ne chi gent ras/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registers ability composite limited be limited liab	red office and the business office of the regist pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided
Signs	Nitible Chatinorel attite of a member or authorized representative of a member	Nicule C	Printed or typed name of signee
here rovis he ob mer	by accept the appointment as registered agent and ageions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address. It is in writing of this change.	ree to act in e performanc ed for in Cha hereby confi	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE; \$25.00