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Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1,	
(Corporation Name) 2.	(Document #) 400031653146 -03/10/0001076014 *****35.00 *****35.00
(Corporation Name)	(Document #)
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4(Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other  OTHER FILINGS ☐ Annual Report ☐ Fictitious Name	□ Amendment □ Resignation of R.A., Officer/Directod SECONARR OF S
	Examiner's Initials

CR2E031(7/97)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
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 corporation is: D. C.N. Productions, Inc.
1. The name of the corporation is:
2. The mailing address of the corporation is: 18910 NW 46 Fu Avevue
Mismi, FC 33055
3. Date of incorporation/qualification: 2/10/2000 Document number: P00000014705
4. The name and address of the current registered agent and office:
UCC Filing & Search Services, Inc.
OCC FILLING & Sealter Selvices, Inc.
526 E. Park Avenue
Tallahassee, FL 32301
Tallahassee, FL 32301  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
MARUS GARZON
18910 NW 4644 Avenue
18910 NW 46th Avenue 37 5
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Haneon 600 3/6/50
(Signature of an officer, chairman or vice chairman of the board) (Date)
MARCO GARZON, President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.
(Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
Typed or Printed Name)  (Typed or Printed Name)  (Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*