P01000034089

| (Re | equesfor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Name of corporation) | | |
| DOCUMENT NUMBER: P010000 34089 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| MICHAEL WINDGAAD (Name of contact person) 3832 CATTAIL MARSH CF (Firm/Company) | | |
| 3832 CATTAIL MARSH CT # 238 | | |
| PALM HARBOR, FL 34684 (City/state and zip code) | | |
| For further information concerning this matter, please call: | | |
| MICHAEL WIND GRAD at (727) 644 8399 (Area code & daytime telephone number) | | |
| | | |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: M.C. STVDIOS INC |
| 2. The principal office address: 3114 SUITE C , ALT 19 N |
| PALM HARBOR, FL 34684 |
| 3. The mailing address (if different): M. C. STVPIOS INC # 169 |
| 35246 US HWY 19 N. PACM HARBOR, FL 346 |
| 4. Date of incorporation/qualification: 3/27/01 Document number: 60100003408 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| MICHAEL WINDGMD AFE TO THE ST N # 13303 |
| |
| ST PETERSBURG, FC 33716 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| MICHAEL WINDGRAD |
| 3832 CATTAIL MARSH CT # 238 (P.O. Box NOT acceptable) |
| PALM HARBOR, FL 34684 |
| 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, or the corporation has been notified in writing of the change. |
| (Signature of an officer or director) MICHAEL WINDGMD PRESIDENT (Printed or typed name and title) |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Strengture of Begistered Agent) 3/21/05 |
| (Signature of Registered Agent) (Date) If signing on behalf of an entity: |
| is digining on commit of an entity. |
| (Typed or Printed Name) |

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