## P02000094191

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>→</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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12/02/04-01032-009 \*\*35.00

D4 DEC -2 PM 4: 40
D5:CALLARY OF STATE

## COVER LETTER

TO: Amendment S Division of C					
SUBJECT:	So Serious	s Entertainment			
	(Name	e of corporation			
	d	(°			
DOCUMENT NUM	BER: P02000094191		<del></del>		
The enclosed Stateme	ent of Change of Registered	Office/Agent an	d fee are s	submitted for fill	ing.
Please return all corre	espondence concerning this r	natter to the foll	owing:		
		RAFGE   Raffael Rivera			F 20
*****	(Name	of contact perso	n)	<del></del>	至
		ous Entertainme	ent		OF DEC-2 PH I: WO
	(Fir	rm/Company)			700
					OF E
	5408 G	arden Arbor Driv	/e		<b>登元</b> 2
#1-1-0000ma#		(Address)	<del>-</del>		
		- II 00570			
		, Florida 33558	<del></del>		
	(City/s	tate and zip code	*)		
For further information	on concerning this matter, pl	ease call:			
R	asael				
Ří	aphael Rivera	at ( 8	13	433-6861	
(Nam	e of contact person)	(Ar	ea code &	daytime telepho	one number)
Enclosed is a \$35.00	check made payable to the I	Department of St	ate.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division o 409 E. Ga	dress: ent Section of Corporations ines Street ee, FL 32399	

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

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of Florida. Change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	orporation:So Serious Entertainment , INC ·
2. The principal of	e address: 5408 Garden Arbor Dríve
<del></del>	Lutz, Florida 33558
3. The mailing add	ss (if different):
4. Date of incorpor	ion/qualification: 8/28/02 Document number: P02000094191
5. The name and st Florida Departm	et address of the current registered agent and registered office on file with the nt of State:  Raphael Rivera
	816 Rocky Mountain Court
	Valrico, Florida 33594
6. The name and st (if changed):	et address of the new registered agent (if changed) and /or registered office
-	5408 Garden Arbor Drive
<del></del>	(P.O. Box NOT acceptable)
	Lutz, Florida 33558
The street address as changed will be	f its registered office and the street address of the business office of its registered agent, dentical.
Such change was authorized by the	on thorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.
Lofael Rignature	an officer or director)  Reface Rivero (Printed or typed name and title)
_//Out	appointment as registered agent and agree to act in this capacity, amply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this alled merely to reflect a change in the registered office address, I hereby confirm that the en notified in writing of this change.
If signing on beha	of an entity:
- Cryp	or Printed Name)

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