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(Re	equestor's Name)	
(Ac	ddress)	.,
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
_	☐ WAIT	MAIL
, (B)	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: LAB Entertainment (Name of Corporation)
DOCUMENT NUMBER: P0300056985
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:
LAB Entertainment (Firm/Company) 1070 NE 835+ (Address)
City/State and Zip Code) For further information concerning this matter, please call:
(Name of Contact Person) at (305) 4956569 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

statement of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LAB Enterhalment INC 2. The principal office address: 1070 NE 8331 Miami F1. 33138
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/23/00 Document number: PO300056985
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
8 Jesenin Leon 800 West Are#420 For F
Miami Beach, F1. 33138 器
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Serial Lease
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) (Frinted 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 megely to reflect a change in the registered office address, I hereby confirm that the corporation has leen notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: LAB Entertainment (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)