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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email	Address:	

REGISTERED AGENT CHANGE INFAMOUS PRODUCTIONS, INC.

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JUL 23 2018

S. YOUNG

Help

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

	-	7.0502, 607.1508, or 617.1508, Florida Statute	
		organized under the laws of the State of Florida registered agent, or both, in the State of Florida	
	the corporation: INFAMOUS PRODU		
	office address: 75 Citrus Park Lane		
	. 5:		
 -			
3. The mailing	address (if different);		
4. Date of incom	rporation/qualification: 02/04/2005	Document number: P05000018854	
	d street address of the current register triment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	TV: 18
	INCSMART.BIZ		
	2825 SW 22ND AVE. STE. 105		AHA AHA
	DELRAY BEACH, FL 33445		20 \$\$E
6. The name an (if changed):	-	d agent (if changed) and /or registered office	AR COR
	Registered Agents Inc.		₩ 1
	3030 N. Rocky Point Dr. STE	150A	
		x NOT acceptable	
	Tampa FL 33607		
as changed wil	be identical.	treet address of the business office of its regis	_
Such change wauthorized by t	as authorized by resolution duly ad- he board, or the corporation has bee	opted by its board of directors or by an officer in notified in writing of the change.	SO
Signal	ure of an officer or director	James E. Wooster, President Printed or typed dame and title	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered age to comply with the provisions of all f my duties, and I am familiar with a uis document is being filed merely to that the corporation has been notij	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as res o reflect a change in the registered office addr fied in writing of this change.	zistered ess, I
Bee Ha	~~	6/18/18	
Sig	grature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Bill Havre			
1	yped or Printed Name		
		G FEE: \$35.00 * * *	
M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO LAIL TO: DIVISION OF CORPORATION	FLORIDA DEPARTMENT OF STATE IS, P.O. BOX 6327, TALLAHASSEE, FL 32314	