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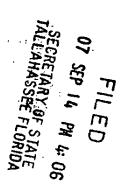
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|--|---|--|--|--|--|
| SUBJE | JECT: Lagniappe Entertainment Inc. (Name of Corporation) | on) | | | |
| DOCU | UMENT NUMBER: P07000071343 | | | | |
| The en | nclosed Statement of Change of Registered Office/Agent | and fee are submitted for filing. | | | |
| Please | e return all correspondence concerning this matter to the fo | following: | | | |
| | Jesse Herman (Name of Contact Per | rson) | | | |
| Lagniappe Entertainment Inc (Firm/Company) | | | | | |
| 13025 Pittsfield Ave (Address) | | | | | |
| | Tampa, FI 33624 (City/State and Zip C | ode) | | | |
| For fur | urther information concerning this matter, please call: | | | | |
| <u>Jerry</u> | y Means at (E () | 975-2838 Area Code & Daytime Telephone Number) | | | |
| Enclos | osed 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 | | | |

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

| statement of ch | e provisions of sections 607.0502, 617.05 hange is submitted for a corporation orga Her to change its registered office or regis | nized under the laws of the State of _ | Florida | ? | - |
|--|---|--|--|------------------------------|------------------|
| 1. The name of | f the corporation: Lagniappe Entertain | nment, Inc. | | | |
| | al office address: 13025 Pittsfield Ave | • | | . | |
| 3. The mailing | address (if different): same as above | | | | |
| 4. Date of incom | prporation/qualification: 6/19/2007 | Document number: P07000 | 071343 | | |
| | nd street address of the current registered artment of State: | agent and registered office on file with | h the | | |
| | Brian McLeod | | | | |
| | 7022 Glenview Drive | | | | |
| | Tampa, FI 33619 | | | | |
| 6. The name an (if changed): | nd street address of the new registered age | ent (if changed) and /or registered offi | SEORE! | 07 SEP | ন |
| | Charlotte Lynn Smith | | ASSI | 14 | |
| | 5825B Swordfish Court | | H 20 | 32 | |
| | (P.O. Box NOT acceptable Tamarac, FI 33319 | le) | STAT ORI | ŧ | |
| The street add | | et address of the business office of its | s registered | S d agen | ıt. |
| | ress of its registered office and the stree | | | | , |
| authorized by | was authorized by resolution duly adopte the board, or the corporation has been n | notified in writing of the change. | officer so | | |
| Dec | anure of an Object or director) | Devon Miles | itle) | | _ |
| I hereby accep I further agree of my duties, a document is be corporation he | of the appointment as registered agent a e to comply with the provisions of all sta and I am familiar with and accept the ob eing filed merely to reflect a change in t as been notified in writing of this chang | ind agree to act in this capacity. tutes relative to the proper and com oligation of my position as registered the registered office address, I hereb e. | iplete perfe 1 agent. O 1y confirm | orman r, if th that th | ice his he |
| Jesse | Heman Signature of Registered Agent) | 9-10-200 | 77 | | _ |
| / | oehalf of an entity: | (Suit) | | | |
| | (Typed or Printed Name) | | | | |
| | * * * FILING F | 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)