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To:

Division of Corporations

Fax Number : (850) 617-6380

SEP 19 2016

R. WHITE

: BUSINESS FILINGS Account Name Account Number : 105256001620

: (608)827~5300 : (608)827-5501 Fax Number

\*\*Enter the email address for this business entity to be used for future

Email Address:

asento bizhl

## REGISTERED AGENT CHANGE ROCK AND ROLL FILMS INC.

annual report mailings. Enter only one email address please.\*\*

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## 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: ROCK AND ROLL FILMS INC.					
2. The principal office	address: 40 SW 13th Street Suite 80-	4, Miami, Florida 33130		•	
3. The mailing address	s (if different):				
4. Date of incorporati	on/qualification: 8/18/2008	Document number: P08000076680		-	
5. The name and stree Florida Departmen	et address of the current registered a t of State: (If resigned, enter resigne	gent and registered office on file with the			
	PORATE SOLUTIONS LLC				
	W 13th Street, 804 MI, FL 33130				
6. The name and stree (if changed):	et address of the new registered ager	nt (if changed) and /or registered office	NI WI	ਲ	
Busi	ness Filings Incorporated		हुन- <u>शि</u> ष्ट्र	SEP	
1200	South Pine Island Road			5	
	P.O. Box NOT	acceptable	,5i1 . a.( *3 ≠=		
Plant	ation, Florida 33324		-: ` `	J.	
The street address of as changed will be id	its registered office and the street entital.	address of the business office of its registered age	nd.	8: 3 <b>9</b>	
Such change was authorized by the box	horized by resolution duly adopted and, or the corporation has been no	by its board of directors or by an officer so fified in writing of the change.	3** '	_	
• ( )	Forficer or dissolar	Nathan Berman, President Proceed or 19948 same and vale	-		
I hereby accept the a I further agree to co- performance of my d agent. Or, if this do hereby confirm that	ppointment as registered agent amply with the provisions of all state inties, and I am familiar with and a granular with and a granular with and a granular with and a compett to reflike corporation has been storfled in	d agree to act in this capacity, utes relative to the profer and complete occept the obligation of my position as registered ect a change in the registered office address, I in writing of this change.			
Nobl		8th day of September, 2016			
Signature	of Registered Agent	Detc	_		
If signing on behalf	of an entity:				
Mark Williams, AVP					
Typed o	Printed Name				
	* * * FILING FE	E: \$35.00 * * *			
MAIL T CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLO O: DIVISION OF CORPORATIONS, P.	orida Department of State O. Box 6327, Tallahassee, FL 32314			

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