P10000047458

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Parisatara Nama)				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		•			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		_			
(Document Number) . Certified Copies Certificates of Status	PICK-UP WAIT	MAIL			
(Document Number) Certified Copies Certificates of Status					
(Document Number) . Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Business Entity Name)				
Certified Copies Certificates of Status					
	(Document Number)				
	Certified Conies Certificates of S	Status			
Special Instructions to Filing Officer:	Certified copies				
Special Instructions to Filing Officer:					
	Special Instructions to Filing Officer:				
		ŀ			
ı					

Office Use Only



600184512236

08/30/10--01019--008 **35.00

2010 AUG 30 A 11: 44
SECRETARY OF STATE
AND A HASSEE, FLORIDA

Mochange Newis 8-31-10

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Freedom Art, Inc.				
Name of Corporation				
DOCUMENT NUMBER: P10000047458				
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:				
Jose Lonez Name of Contact Person				
Name of Contact Person				
Freedom Art Firm/Company				
Film/Company				
1760 NE 13th St Address				
Auticss				
Fort Lauderdale, FL 33304 City/State and Zip Code				
jose@freedomart.net E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
less Lenez (054)				
Jose Lopez at (954) 235,8396 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

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

Pursuant to the provisions of sections of statement of change is submitted for a cin order to change its register.	corporation organized	l under the laws of the Sta	ate of Florida
1. The name of the corporation: Free	dom Art, Inc.	·	
2. The principal office address: 1051	NE 39th St #5, C	akland Park, FL 333	334
3. The mailing address (if different): P	O Box 11221 Por	npano Beach, FL 33	3061
4. Date of incorporation/qualification:	June 4, 2010	Document number:	P10000047458
5. The name and street address of the ci Florida Department of State: (If resig		t and registered office on	file with the
Jose Lopez			
1051 NE 39th St	#5		
Oakland Park, FL	. 33334		T SECRET
6. The name and street address of the ne (if changed):	ew registered agent (i	f changed) and /or registe	30 SSE SSE
Jose Lopez			OF STATE
1760 NE 13th St	P.O. Box NOT acc		<u> </u>
Fort Lauderdale,		epanie	
The street address of its registered off as changed will be identical.	ice and the street add	lress of the business offi	ce of its registered agent,
Such change was authorized by resolutionized by the board, of the corporation			
Signature of an officer or director		Jose Lopez	President
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to refl corporation has been notified in writi	viciona of all statuto	a malatina ta tha mmamam a	rud aameniata nantarmeanaa
		Ŷ-Z7-	10
Agnature of Registered Agent		Date	
If signing on behalf of an entity:			
Jose Lopez Typed or Printed Name			

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