11000032765

(Requestor's Name)					
(Address)					
(Address)					
•					
(City/State/Zip/Phone #)					
(City/State/Zip/r Holle #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special instructions to Filing Officer:					





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R.A Chy

JUL 01 2011

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	CT:	HMG Entertain	nment, Inc.	<u></u>		
		Name of C	огрогации			
DOCU	MENT NUMBER:	P11	000032765	<u></u>		
The enc	losed Statement of Chang	ge of Registered Offic	e/Agent and fee are subm	itted for filing.		
Please re	eturn all correspondence	concerning this matte	r to the following:			
	,	Lawrence G. V	Valters, Esquire			
		Name of Co	ntact Person			
Walters Law Group Firm/Company						
		riin/C	ompany			
		195 W. I	Pine Ave.			
Address						
Longwood, FL 32750-4104 City/State and Zip Code						
	City/State and Zip Code					
	E-mail addr	ess: (to be used for	future annual report not	ification)		
	2 mm addi	000. (10 00 1000 101)	wall am and the control	,		
For furtl	her information concerning	ng this matter, please	call:			
	Lawrence G. Walte	ers, Esquire	at (<u>407</u>) Area Code & Day	975-9150		
	Name of Contact	Person	Area Code & Day	time Telephone Number		
Enclose	d is a \$35.00 check made	payable to the Depar	tment of State.			
	<u>Mailing</u> Amendi	Address: nent Section	Street Addres Amendment	<u>s:</u> Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floria ange is submitted for a corporation organized under the laws of the State o er to change its registered office or registered agent, or both, in the State o	f Florida		
1. The name of	the corporation: HMG Entertainment, Inc.			
2. The principal	office address: 26F Congress St. #365, Saratoga Springs, NY	12866		
3. The mailing a	address (if different): 195 W. Pine Ave., Longwood, FL 32750-4	104		
4. Date of incor	poration/qualification: 04/01/2011 Document number:	P1100003	2765	
	d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned)	with the		
	Lawrence G. Walters, Esquire			
	781 Douglas Ave.			
	Altamonte Springs, FL 32714		<u> </u>	i Yo
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	office	17 JUN 30 AM	SION OF COM
	195 W. Pine Ave.		110:2	
	P.O. Box NOT acceptable Longwood, FL 32750-4104		2.	
The street address changed will	ess of its registered office and the street address of the business office o be identical.	f its registered	agent	,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by ne board, or the corporation has been notified in writing of the change.	an officer so		
-	re of an officer or director Printed or typed name an			
I hereby accept I further agree of my duties, an document is bei corporation had	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cled Fam familiar with and accept the obligation of my position as registen filed merely to reflect a change in the registered office address, I he been notified in writing of this change.	complete perfo cred agent. Of reby confirm t	rmanc · if thi hat the	e S ?
- Giro	nature of Registered Agent Date	· · · · · · · · · · · · · · · · · · ·		
	half of an entity:			
Т	yped or Printed Name			

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