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R. WHITE



## **COVER LETTER**

Division of Corporations
SUBJECT: Backlot Studios Production Company Inc. Name of Corporation
DOCUMENT NUMBER: P1400000 2/625
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:
Sharful Hemm Name of Contact Person  Back of Studies Production Company  Firm/Company  1701 SW 85 Terrace  Address  Milania FL 33025  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Skalled Heller at (254) 274-4753  Name of Contact Person Area Code & Daytime Telephone Number
rame of Contact i cison and a code to Daytine reception realities

Enclosed 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\*

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	•
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Back Cot Steed tos Preduction Com	
2. The principal office address: 1701 SW85TeMacl IN	<u>(</u> (
MIRAMAR FL 33025	
3: The mailing address (if different): 170   SW 85 Temall	
MIRAMAT FL 33025	
4. Date of incorporation/qualification: 3/10/14 Document number: P/4-000002/625	 >
5. The name and street address of the current registered agent and registered office on file with the	
Florida Department of State: (If resigned, enter resigned)	
Shan Come HeruM	
1701 SW 85 Terrace	-
Miraman 7/33025	7
	ر
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
1701 sw 85 Terrace ""	
MIRAMAR FL 33025	
P.O. Box NOT acceptable	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Marlone Helman Shallone Helmit	
Signature of an officer or director  Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete	
performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
The state of the s	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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