

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000280473 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

SOUTHERN PLAYBILL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of chang	e is submitted	for a corporation	n organized unde	08, or 617.1508, Fl er the laws of the Sta t, or both, in the Sta	ue of FLO	<u>RMA</u>	
					-	•	
				BILL, INC			
2. The principal of	fice ad dress :_	16505	N.w. 13	tu Ave. N	liami,	FL 33160	ī
3. The mailing add	lress (if differe	nt): 37 - 15	GIST ST.	, WOODS , DE	<u> </u>	1377	-
4. Date of incorpor	ration/qualifica	ation; 10/as	94 Do	cument number: P	94000	<u> १८८१</u>	_
Florida Departm	ent of State: (f the current regis If resigned, enter / D. Pop	resigned)	egistered office on t	file with the		
	2499			Suite 114	Ĺ	2008 SEI	
<u>.d</u>	Boca R	Caton.	FL 3:	3431		2008 DEC 29 F	
6. The name and st (if changed):	reet address o	f the new register	red agent (if chan	ged) and /or register	red office	UU () 119	FILE
<u> </u>		CTC	orporation System			N 2:59	C
	s/o C	T Corporation Sv	stem, 1200 South	Pine Island Road		E 59	
		(P.O. Box NOT a	oceptable)			<u> </u>	
	···	Plantat	ion, Florida 3332	4			
=				of the business office			
Such change was a authorized by the	authorized by board, or the	resolution duly : corporation has b	adopted by its b	oard of directors or writing of the chang	by an office ge.	1. 20	
Xerris (. Col.	scior)	Ler	الر C. Co من الم	- A 55 (5	ST. SECR.	
I hereby accept th I further agree to of my dulles, and i document is being corporation has b	e appointmen comply with t I am familiar filed merely cen notified i	t as registered as he provisions of with and accept to reflect a chan h writing of this i	gent and agree t all statutes relat the obligation o ge in the register change.	o act in this capaci ive to the proper at my position as reg red office address, i	ty. nd complete vistered ager i hereby con		
By: ACC	T Corporation	System Juan ⁽ Assistan	Grajeda t Secr <u>etary</u>	10/20/	08		
If signing on thena	If of an entity	:					
(Тур	ed or Printed Nam	c)	_				
		* * * FILI	NG FEE: \$35.0	0 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)