

L13000154291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

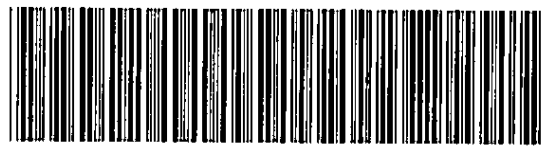
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

Cubitt LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alison K. Fiol

Name of Person

Firm/Company

1515 N. Marion Street

Address

Tampa, FL 33602

City/State and Zip Code

~~afiol@fiolinjurylaw.com~~

alison@fiolinjurylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas S. Keeter

786

493-8904

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Cubitt LLC

1. Name of the limited liability company: _____

2. (a) _____ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4925 Collins Avenue, Unit 8J _____ Miami Beach, FL 33140 _____	(b) _____ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 9663 Santa Monica Blvd, Unit 804 _____ Beverly Hills, CA 90210 _____
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3. _____ Date of filing/registration in Florida Mark S. Weinberg	4. _____ Document number L13000154291
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5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)
 333 SE 2nd Avenue, Suite 3200

 Miami, FL 33131

 Alison K. Fiol

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
 1515 N. Marion Street

 Tampa, FL 33602

2021 MAY 24 AM 11:32
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

_____ Signature of a member or authorized representative of a member	_____ Printed or typed name of signer Thomas S. Keeter
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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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____ *Alison K. Fiol* _____
 Signature of Registered Agent