Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE THE GREAT ESCAPE ROOM MICHIGAN LLC

RECEIVED MAR 0 8 2019

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Corporate Filing Menu

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

Pursua submits Florida	mt to the provisions of sections 605.01 s the following statement in order to n.	114 or 605.0116, Flor change its registere THE GREAT ESC	ida Statutes, the doffice or reg CAPE ROOM	e undersigned limited to gistered agent, or both, M MICHIGAN LLC	in the St	ate of	
l. Nan	ne of the Limited Liability Company:				_		
2 (9)	525 WOODSTEAD COURT		(b) 530 WOODSTEAD COURT				
<i>L</i> . (a)	Principal office address of limited list (Note: MUST BE STREET A)	oility company: DDRESS)	Mailing address of limited liability company: (Note: NAY BE POST OFFICE BOX)				
	LONGWOOD, FL 32779		LONGWOOD, FL 32779				
	9/26/2014		<u>L14000</u>		Ps.1		
3. 5. (a)	Date of filing/registration in MARTIN, GREGORY P			Document number	2019 MAR		
. (-)	Registered Agent and Registered Office show	n on the records of the Flo	orida Dept. of State		5	<u> الت</u>	
	530 WOODSTEAD COURT	- 0.0 m / 0.00 P.20 / 0.00			ြွ တော်	EE ≥	
	Registered Office Address AUST BE FI	ORIDA STREET ADDR		in the second se	R AH	00	
	LONGWOOD,	, FL_ 32	779				
(b)	Capitol Corporate Services, In Enter name of NEW Resistered Agent and/o	nc. or <u>NEW Registered Offic</u>	e address:				
	515 East Park Avenue 2nd Fl						
	NEW Registered Office Address:						
	Tallahassee	, FL_32	301	<u>.</u>			
the chagent	limited liability company is not organi ange or changes are made, the Florida will be identical. Or, in the case of a l are authorized by an affirmative vote ticles of organization or the operating	street address of the f Florida limited liabilit of the members of the	y company, it is limited liabilit	s hereby confirmed that y company or as otherw	the change	x(s)	
Or	lando Castillo	_	Orlando Ca	stillo on behalf of th			
Sign	ature of a member or authorized representative	of a member		Printed or typed name of si		ith tha	
I here provis the ob- to men notifie	eby accept the appointment as register tions of all statutes relative to the prop- tilgations of my position as registered rely reflect a change in the registered at in writing of this change.	ed agent and agree to per and complete perf agent as provided for office address, I heret	o act in this cap ormance of my in Chapter 60: by confirm that	acty. I further agree to dutles, and I am familia 5, F.S. Or, if this docum the limited liability com	with and tent is bein tpany has i	accept g filed Seen	
-IU	Manu Case			nt Secretary on			
Signat	ure of Registered Agent		•	orate Services, Inc.			
	Division of Corp	orutions P.O. Box FILING FEE:	6327• Tallaha \$25.00	ssee, FL 32314			

INHS18 (2/14)