

L18000186975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

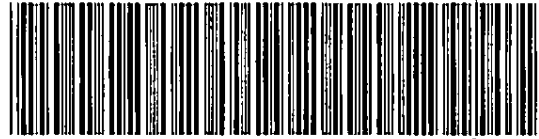
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN 31 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

○ SIMMONS
FEB 01 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2018

ADRIAN SANTUCHO
9549 BYRON AVE
SURFSIDE, FL 33154

SUBJECT: 3 CREATIVE VIBES PRODUCTION & DEVELOPMENT LLC
Ref. Number: L18000186975

We have received your document for 3 CREATIVE VIBES PRODUCTION & DEVELOPMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00025844

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 Creative Vibes Production and Development LLC.
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:

Adrian D. Santuccio
Name of Person

3 Creative Vibes Production & Development LLC.
Firm/Company

9549 Brydon DVE.
Address

Surfside, Florida 33154
City/State and Zip Code

ASANTUCCIO@3CREATIVEVIBES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrian D. Santuccio at (305) 219 2339
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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.

1. Name of the limited liability company: 3 CREATIVE VIBES PRODUCTION & DEVELOPMENT LLC

2. (a) 9549 BYRON AVE (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

SURFSIDE FLORIDA 33154 _____

3. 5/07/2018 4. L 1800186975
 Date of filing/registration in Florida Document number

5. (a) 8325 NE 2ND AVE STE 114
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

 _____, FL _____

19 JAN 31 PM 12:01
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(b) 9549 BYRON AVE. SURFSIDE, FLORIDA 33154
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

 _____, FL _____

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]
 Signature of a member or authorized representative of a member

ADRIAN D. SANTIAGO
 Printed or typed name of signee

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.

[Signature]
 Signature of Registered Agent