

K21 000073734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

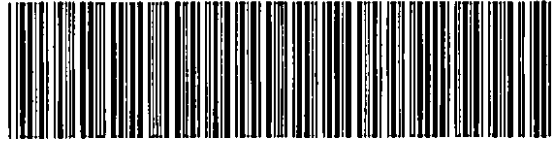
(Business Entity Name)

(Document Number)

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2021 MAR 18 AM 7:48  
TALLAHASSEE, FL  
CLERK OF COURT

D. BRUCE  
MAY 19 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Plays That Pay 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:

Alexander Maruly

\_\_\_\_\_  
Name of Person

Plays That Pay LLC

\_\_\_\_\_  
Firm/Company

4300 Biscayne Blvd, Suite 203

\_\_\_\_\_  
Address

Miami, Florida 33137

\_\_\_\_\_  
City/State and Zip Code

playsthatpay100@gmail.com

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

For further information concerning this matter, please call:

Alex Maruly

at ( 786 )

4495211

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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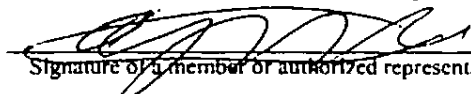
## LIMITED LIABILITY COMPANY

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: Plays That Pay LLC
2. (a) 4300 Biscayne Blvd, Suite 203, Miami, FL 33137  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 4300 Biscayne Blvd, Suite 203, Miami, FL 33137  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. 02/12/2021 Date of filing/registration in Florida
4. L21000073734 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
N/A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Jonathan Aserraf  
NEW Registered Office Address:  
4300 Biscayne Blvd, Suite 203, Miami, Florida 33137  
Miami, Florida \_\_\_\_\_, FL 33137

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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

Alexander Maruly  
Printed or typed name of signer

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 of Registered Agent

Digitally signed by  
Jonathan Aserraf  
DN: cn=Jonathan Aserraf,  
email=jonathan79@hotmail.  
com, c=US  
Date: 2021.02.23 19:15:40  
-0500

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00