h21000442355

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(, , ,	4.000)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
(2	,	,
PICK-UP	☐ WAIT	MAIL
	L 47/11	L WARE
——————————————————————————————————————	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
r		
Special Instructions to	Filing Officer:	
	ril.	,
	11/4	1

Office Use Only



800375042248

10/18/21--01029--024 **25.00

FILED

2021 NOV -4 PM 3: 32

SECRETARY OF STATE
ANALYSEE IT GOING

LLC RACH 11/5/21 DC

COVER LETTER

TO: Registration Section Division of Corporations	
Wabi Sabi Productions LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Sabina Abbasova	
Name of Person	
Wabi Sabi Productions	
Firm/Company	
520 NE 38th Street, Apt 9	
Address	
Miami, Florida, 33137	
City/State and Zip Code	
a.sabina.n@gmail.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Sabina Abbasova	609 6651589 at ()
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 a	mount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

. (a) _	520 NE 38th Street (b)		b) 520 i	520 NE 38th Street				
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/-	_		imited liabilit POST OFFI		
	APT 9	_	APT	9				
	Miami, FL. 33137	_	Mian	ni, FL, 33137	7			
	10/11/2021		L21000	0442355				
(a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC	4.		Docur	nent num	ber		
•	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD.	ic Florid	la Dept. c	of State:				
	Registered Office Address (MUST BE FLORIDA STREET A. SUITE 36	<u>DDRES</u>	<u>(S)</u>			SEC TALI	2021	
	ORLANDO FL	32822				SECRETARY FALL AHASSE	2021 NOV -4	<u> </u>
b) [Sabina Abbasova							
	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddress:			FL 04	PH 3:	
	520 NE 38th Street					A COLE	32	
	NEW Registered Office Address:							
	APT 9							
	Miami , FL	3137						
inge int w s/wei artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egiste oility c the lin inited	red offic ompany nited lia liability	ce and the by	usiness of y confirm	ffice of the led that the	registe change	red e(s)
	abina Abbasova	Sat	oina Abb		l or turned as	ame of signee		
ereb visid obli nere	y accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to ac erforn for in ereby c	t in this tance of Chapter confirm	canacity i	 I further a	iaree to coi	nnlv w	ith the accep g filed wen

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

Signature of Registered Agent