23000068413

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COVER LETTER

TO:	Registration Section Division of Corporation	s	
SUBJ	ECT:	Serene Studio) LLC
		Name of Limited L	ability Company
Dear S	ir or Madam:		
The er	closed Registered Agent/l	Registered Office Change and	fee(s) are submitted for filing.
Please	return all correspondence	concerning this matter to the	following:
	Alen Name o	Nguy w f Person	
	Firm/Co	ompany	
	1859 Emily Addre	Drive	_
	Winter Haven, City/State a	FL. 33884 nd Zip Code	
E	Alon 688 -mail address: (to be used	7 @ gmai(. com I for future annual report notifi	cation)
For fu	ther information concerni	ng this matter, please call:	
	Alun Ngur Name of Person	gan (<u>813</u>) 317 - 823 G Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporation	ons	Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	,	2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for	the following amount:	
□ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy

INH\$18 (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.

1. Na	me of the limited liability company:Serene	Studio	L4C
2 (a)		(b)	
2. (u) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1211 Court St.		1211 Court St.
	Clearwater, FL. 33756		Clearwater, FL. 33756
	02/07/2023 Date of filing/registration in Florida		L 23000068413
3.	Date of filing/registration in Florida	4,	Document number
5 (-)			
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	<u> </u>
	<u> </u>		20
	476 Riverside Ave.		
	Jacksonville FL	32202	
(b)	Alen Nguyen Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	چې کې د د د د د د د د د د د د د د د د د د
			27
	NEW Registered Office Address:	-	<u> </u>
	1859 Emily Drive		
	Winter Haven FI	3388	<u>4</u>
change agent was/we the arti- Signat I heret provisite oblite of mere	or changes are made, the Florida street address of the or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Thurs Make He was a member of a member or authorized representative of a member on a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	registered of ability compa of the limited liabil	rice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Thue Nghi Hoang Printed or typed name of stance

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