

P17000009212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

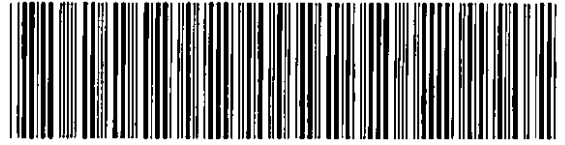
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA & RO change

2023 OCT 26 AM 9:49
STATE OF MISSISSIPPI

FILED

A. RAMSEY
OCT 27 2023

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/26/2023

Acc#I20160000072

eric SW

Name:	Broad Avenue Studios, Inc.
Document #:	
Order #:	15189165

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **35.00**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broad Avenue Studios, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000009212

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo Ann Czomba

Name of Contact Person

Broad Ave Studios, Inc.

Firm/Company

294 14th Avenue S

Address

Naples, FL 34102

City/State and Zip Code

designer@broadavestudios.com

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

For further information concerning this matter, please call:

Sean Murphy at (202) 329-1654
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Broad Avenue Studios, Inc.

2. The principal office address: 294 14th Avenue South, Naples, FL 34102

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/26/2017 Document number: P17000009212

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ian T. Holmes
711 5th Avenue South, Suite 200
Naples, FL 34102

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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FLORIDA DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

[Handwritten Signature]
Signature of an officer or director

Karen Larson PSTD
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By: [Handwritten Signature]
Signature of Registered Agent

10/25/2023
Date

If signing on behalf of an entity:

Madonna Cuddihy, Assistant Secretary
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)