## L17000234624

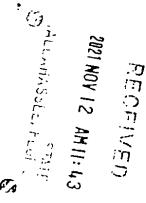
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

Office Use Only



500375541075





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 223355 8064579							
AUTHORIZATION Spelle man							
COST LIMIT : \$25.00							
ORDER DATE: November 11, 2021							
ORDER TIME : 10:16 AM							
ORDER TIME : 10:16 AM							
ORDER NO. : 223355-020							
CUSTOMER NO: 8064579							
CHANGE OF AGENT							
NAME: 4316 SHERIDAN, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY							
XXX PLAIN STAMPED COPY  CONTACT PERSON: Eyliena Baker EXT#							

EXAMINER:

## **COVER LETTER**

TO:	_	tration Section on of Corporations						
SUBJI	ECT:	4316 SHERIDAN, LLC						
	_	Name of Limited Liability Company						
Dear S	Sir or M	adam:						
The en	nclosed	Registered Agent/Registered	Office Change	e and (	fee(s) are submitted for filing.			
Please	return a	all correspondence concerning	g this matter to	the f	following:			
Cynthi	ia DeSa	antis						
_		Name of Person			_			
RatPa	c Enter	tainment, LLC						
		Firm/Company		•				
16030	) Ventur	a Blvd, Ste 380						
		Address						
Encino	o, CA 9	1436-2778						
		City/State and Zip Cod	le					
CDeS	antis@j	philpottmeeks.com						
E	E-mail a	ddress: (to be used for future	annual report	notific	cation)			
For fur	rther inf	ormation concerning this mat	ter, please cal	1:				
			818 at (	3	905 9500			
		Name of Person	(		Area Code & Daytime Telephone Number			
	Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclo	sed is a check for the follow	ing amount:					
	☐ \$25	Filing Fee		<b>□</b> \$5.	5 Filing Fee & Certified Copy			
INHS18	8 (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.

2. (a)	ne of the limited liability company:			· · ·				
3. 5. (a) _	4316 SHERIDAN AVE	(	b) <u>160</u>	030 VENTURA BLVD #380				
3. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
-3. 5. (a) _	MIAMI BEACH, FL 33140		EN	CINO, CA 91436				
-3. 5. (a) _								
5. (a) <sub>-</sub>	11/13/2017		L17(	000234624				
, , , <u>-</u>	Date of filing/registration in Florida	4.		Document number				
, , , <u>-</u>								
	Registered Agent and Registered Office shown on the records of GRANER, THOMAS U	the Florid	la Dept.	. of State:				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	S)					
	720 E. PALMETTO PARK ROAD							
	BOCA RATON . FI	33432		2021 NOV 12 SEGRETARY				
				<del>22</del>				
(b) _	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:					
	Corporation Service Company							
<u>.</u>	NEW Registered Office Address:							
-	1201 Hays Street							
	Tallahassee . F1	32301						
change c agent wi was/wer	nited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia- te authorized by an affirmative vote of the members of les of organization or the operating agreement of the	register ability co of the lin limited	ed offi ompan nited l liabilit	fice 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.				
	Brett Ratner are of a member or authorized representative of a member	Bre	ett Rati	Printed or typed name of signee				
I hereby provision the obligi to merely posified to Eulain	v accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provided we reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in ( hereby c	t in thi ance o Chapte onfirm	is capacity. I further agree to comply with the				