Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000334902 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

: (877)919-2613 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

2mail	Address:	! <u></u>	

LLC REGISTERED AGENT CHANGE ART GARDEN PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

	gistration Section vision of Corporations						
	ART GARDEN PROD	OUCTIONS LI	LC				
SUBJECT	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.				
Please retui	m all correspondence concerning	this matter to the	following:				
LOVETTE							
	Name of Person						
INCFILE.C	OM LLC						
	Firm/Company		_				
17350 STA	TE HWY 249 #220						
	Address						
HOUSTON	, TEXAS 77064						
	City/State and Zip Cod	le					
EFILE1234	@INCFILE.COM						
E-ma	il address: (to be used for future	annual report notif	fication)				
For further	information concerning this mat	iter, please call:					
LOVETTE		888 at (462-3453)				
	Name of Person		Area Code & Daytime Telephone Number				
Re Di P.e	ailing Address: egistration Section evision of Corporations O. Box 6327 ellahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	nclosed is a check for the follow	ing amount:					
	\$25 Filing Fee	□ \$	SSS Filing Fee & Certified Copy				
INHS18 (2/	(14)		(((H22000334902 3)))				

Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY /// L22000334902 3)))

(((H22000334902 3)))

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.

	me of the limited liability company:		
(a)		(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1501 NE ADAGO G VEDRAS DRI COTTARO		1301 NE MIAMI GARDENS DR UNIT 416
	MIAMI, FL 33179		MIAMI, FL 33179
	09/09/2020		L20000281954
	Date of filing/registration in Florida	4.	Document number
(a)			
` ,	Registered Agent and Registered Office shown on the records of LEGALINC CORPORATE SERVICES INC.	da Dept. of State:	
	Registered Office Address 476 RIVERSIDE AVE	TADDRES	<u>SS)</u>
	JACKSONVILLE, F	32202	
(b)	Enter name of NEW Registered Agent and/or NEW Register Alina Avila		
	NEW Registered Office Address: 1301 Ne Miami Gardens Dr Unit 416		
	Miami , I	33179 FL	<u>.</u>
iange gent v as/w	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the company of the c	ne registe liability of s of the listed se limited	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
in			Printed or typed name of signee
Signa	ture of a member or authorized representative of a member by accept the appointment as registered agent and a		