

To: 1/14/25, 2:15 PM

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F13000003892

2025-01-14 13:19:46 CST

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From: Daylen Platt

Division of Corporations

Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2025 JAN 14 PM 2:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Email Address: _____

REGISTERED AGENT CHANGE
SHIVER ENTERTAINMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**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 Delaware
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Shiver Entertainment, Inc.
2. The principal office address: _____
9350 S. Dixie Highway, Suite 930 Miami, FL 33156 U.S.A
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/10/2013 Document number: F13000003892
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)

CORPORATION SERVICE COMPANY

1201 HAYS ST. TALLAHASSEE, FL 32301

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

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Rod Teuber
Signature of an officer or director

Rod Teuber Treasurer
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: Stephanie Hencz
Signature of Registered Agent

01/14/2025
Date

If signing on behalf of an entity:

Stephanie Hencz

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
CR2ED45 (04/13)