T17000000321

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APR 12 2019 **T SCHROEDE**R

COVER LETTER

TO:	Amendment Section Division of Corporations	
CHID III	METHOD STUDIO, INC.	
SUBJE	Name of C	Corporation
DOCU	JMENT NUMBER: F1700000321	
The en	elosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	er to the following:
	Amanda Gordon	
	Name of Co	ontact Person
	Harbor Compliance	
	Firin/C	ompany
	1830 Colonial Vil	lage Lane
	Add	lress
	Lancaster, PA 17	601
	City/State a	ind Zip Code
	professional@ha	rborcompliance.com
	E-mail address: (to be used for	future annual report notification)
For fur	rther information concerning this matter, please	call:
Α	amanda Gordon	at (717) 431-9163
	Name of Contact Person	at (717) 431-9163 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Depa	rtment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of so statement of change is submitte in order to change its i	d jor a corporati	on organized	under the laws of the	State of _	Utah	his	
1. The name of the corporation: METHOD STUDIO, INC.							
2. The principal office address:	360 WEST A	SPEN AVE.	SALT LAKE CIT	Y <u>. UT 841</u>	01		
3. The mailing address (if differ	rent):				_		
4. Date of incorporation/qualifi	cation: 01/23/	2017	Document number:	F17000	000321		
5. The name and street address Florida Department of State:			and registered office	on file wi	th the		
CT COR	PORATION SY:	STEM					
1200 SO	UTH PINE ISLA	ND RD					
PLANTA	ATION, FL 3332	4			SE	19	
6. The name and street address (if changed):					AHASSEE	APR-5	FIL
<u>.</u>					. 변경 - 102	≥	
7901 4th 1	St N Ste 300). Box NOT accept	ub.l.		TATE ORIG	- - -	
St. Peters	burg, FL 3370			· ·	À	ראס	
The street address of its registe as changed will be identical.	ered office and t	he street addr	ess of the business o	ffice of its	register	ed age	nt.
Such change was authorized by authorized by the board, or the	y resolution duly corporation has	adopted by i been notified	ts board of directors in writing of the ch	or by an cange.	officer so)	
Kullingh B	Utto rector	<i>L</i> t	PERAIL FACE	210N nume and this	CH		.
I hereby accept the appointme I further agree to comply with performance of my duties, and agent. Or, if this document is hereby confirm that the corpor	the provisions o 'I am familiar w being filed mere	f all statutes i ith and accep by to reflect a	elative to the prope t the obligation of m change in the regist	r and com v position	as regis	etered s, l	
Bel Home	-		3/29/2019				
Signature of Registered	Agent		Date	e			-
If signing on behalf of an entit	y:						
Bill Havre							
Typed or Printed Nam	e						

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