Requester's Name	0011273
104 W. Palmer Ave Address	
Tought 3230 [ Some #	85 <b>0-332-8</b> 880
	Office Use Only
CORPORATION NAME(S) & DOCU	UMENT NUMBER(S), (if known):
1. Square Biz Entertai	inment Loapsolla75
2. (Corporation Name)	DV 7
3.	W 25
(Corporation Name)	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS	AMENDMENTS S
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign SOOOS977578— ☐ Limited Partnership -06/25/02—01058—0 ☐ Reinstatement ☐ Trademark ☐ Other

CR2E031(7/97)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limite	ed liability company is:	Square Biz	Entertai	ment LLC	
2. The mailing address of	f the limited liability con	npany is : <u>104 W</u>	Palmer	Ave SoiteB	
Tallchassee	F1 32301	of the galactic space of the sp			
5/9/20 3. Date of filing/registrate			D A Ø Ø Ø nent number	Ø11 275	
5. The name of the register Florida Department of	red agent and the register  State:  104 W Paly  Ar  Tallahassee F  City, St	veniors Vame  Ner Ave  ddress	shown on the r		
6. The name and address of	Ammon How. 104 W. Palm Florida street address (1) Tallahassee	avel ame Let Ave P.O. Box NOT accept FL 32-30 (	able)	FILED STATE OF CORPORATIONS  102 JUN 25 PM 2: 02	
	City, Sta	te and Zip		<b></b> ,	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member)					
(Printed or typed name of signee)	ward		-		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, Thereby confirm (Signature of Registered Agent)	ntment as registered agents of all statutes relative to accept the obligations of the document is being file that the limited liability of	nt and agree to act in a the proper and comp of the proper and comp of my position as regis and to merely reflect a company has been not	this capacity. lete performa tered agent as hange in the i ified in writing	I further agree to nce of my duties, provided for in registered office g of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
INHS18(10/99)	FILING	FEE: \$25.00			